CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Finney

Location listed as:	**Location changed to:**
Section-Township-Range: None Given	34-21S-29W
Fraction (¼ ¼ ¼):	NE SE SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, and mapping tool & aerial photo on KGS website.

initials: DRL date: 10/21/2008

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL RECORD Form WWC-5

Division of Water Resources; App. No.

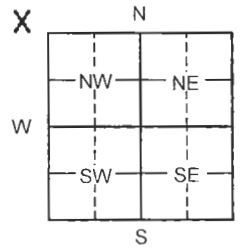
1 LOCATION OF WATER WELL: County: **Finney** | Fraction: ¼ ¼ ¼ | Section Number | Township Number: T S | Range Number: R E/W

Distance and direction from nearest town or city street address of well if located within city? 17 miles east on Hwy 56, 8.5 north, and 4.2 east To northeast of Garden City

Global Positioning System (decimal degrees, min. of 4 digits)
Latitude: 38° 11' 04.6"
Longitude: 100° 29' 46.5"
Elevation: 2705
Datum:
Data Collection Method:

2 WATER WELL OWNER: Jeff Dewey
RR#, St. Address, Box # : 15004 15 Rd.
City, State, ZIP Code : Cimarron KS 67835

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 695 ft.

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL ____ ft. below land surface measured on mo/day/yr ____
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield ____ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well ____

Was a chemical/bacteriological sample submitted to Department? Yes ____ No x ; If yes, mo/day/yrs
Sample was submitted ____ Water Well Disinfected? Yes x No ____

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ____
2 PVC 4 ABS 7 Fiberglass **Eagle-Loc** Threaded ____
Blank casing diameter **5** in. to **695** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **24** in., Weight ____ lbs./ft. Wall thickness or gauge No. **SDR 17**

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) ____
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) ____

SCREEN-PERFORATED INTERVALS: From **515 to 535** ft. to **555 to 575** ft. From **595** ft. to **615** ft.
From **635** ft. to **655** ft. From **675** ft. to **695** ft.
GRAVEL PACK INTERVALS: From **25** Ft.to **695** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____
Grout Intervals From **5** ft. to **25** ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.

What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well **None observed**
Direction from well? ____ How many feet? ____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Topsoil	640	690	Brown sandstone & gray clay
6	40	Brown & blue clay	690	700	Shale
40	240	Shale & rock streaks			
240	280	White & gray rock, hard			
280	400	Shale, blue			
400	440	Gray clay			
440	480	White sandstone & shale streaks			
480	520	Brown sandstone & gray clay			
520	560	Gray & blue shale & white sandst strks			
560	640	White sandstone & some shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **9-7-08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473** . This Water Well Record was completed on (mo/day/year) **10-4-08** under the business name of **Tyler Water Well, Inc.** by (signature) Dustin Tyler .

INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.

White Copy

KSA 82a-1212