

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Kiowa

Location listed as:

Section-Township-Range: 2-275-12WFraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE NE SE

Location changed to:

2-275-17WNE NE SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: written & legal descriptions, county map,
loc. of associated oil well (Crockett 1-2), and mapping
tool on KGS website. initials: DRD date: 12/13/2007submitted 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: Kiowa Fraction NE 1/4 NE 1/4 SE 1/4 Section Number 2 Township Number T 27 S Range Number R 12W E/W

Distance and direction from nearest town or city street address of well if located within city? 7N, 2W of Haviland, KS Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: Longitude: Elevation: Datum: Data Collection Method:

2 WATER WELL OWNER: Floyd Crockett RR#, St. Address, Box #: RR #1 Box 66 City, State, ZIP Code: Lewis, KS 67552

3 LOCATE WELL'S LOCATION WITH AN 'X' IN SECTION BOX: N W E S [Diagram showing a 4x4 grid with an 'X' in the center square]

4 DEPTH OF COMPLETED WELL140..... ft. Depth(s) Groundwater Encountered (1)...40..... ft. (2)........ ft. (3)........ ft. WELL'S STATIC WATER LEVEL.....40..... ft. below land surface measured on mo/day/yr..10/09/07.. Pump test data: Well water was.....ft. after..... hours pumping..... gpm Est. Yield.....70..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 Feedlot 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; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes 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 Threaded..... Blank casing diameter in. to ft., Diameter..... in. to ft., Diameter..... in. to ft. Casing height above land surface..... in., Weight ..2.8.....lbs./ft. Wall thickness or gauge No. Sch. 40

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 Gauzed 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.....120..... ft. to ...140..... ft., From ft. to ft. GRAVEL PACK INTERVALS: From.....20..... ft. to ...80..... ft., From85..... ft. to ...140..... ft. From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From0..... ft. to20..... ft., From80..... ft. to ...85..... ft., From ft. toft. 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 Direction from well? East How many feet? 100

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows include: 0-3 top sand, 3-40 clay, 40-68 sand and gravel, 68-110 clay, 110-140 sand and gravel. Plugging intervals: Crockett 1-2, Sterling Drilling Company, P. O. Box 1006, Pratt, KS 67124.

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) ...10/09/07... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186..... This Water Well Record was completed on (mo/day/year)10/10/07..... under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn L. Mad

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline 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/index.html.