

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

(to rectify lacking or incorrect information)

County: Kiowa

Location listed as:

Section-Township-Range: 9-315-17 W

Fraction (1/4 1/4 1/4): SE NE NW

Location changed to:

16-285-18 W

NE SW SW SE

Other changes: Initial statements: Lat.: 37.36591

Long.: -099.17500

Changed to: Lat.: 37.603049

Long.: -99.292806

Comments: _____

verification method: Phone call to well contractor, written description, city street map, and mapping tool & aerial photo on KGS website. initials: ABJ date: 12/24/2009

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: Iowa Fraction: SE 1/4 NE 1/4 NW 1/4 Section Number: 09 Township Number: T 31 S Range Number: R 17 E/W

Distance and direction from nearest town or city street address of well if located within city? 225 Ft E of 400 N Main Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 37.36591 Longitude: -099.17500

2 WATER WELL OWNER: Greensburg Public Works RR#, St. Address, Box #: 400 N Main City, State, ZIP Code: Greensburg, KS 67054 Elevation: Datum: Data Collection Method: GPS

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram] 4 DEPTH OF COMPLETED WELL: 31.0 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 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Geo-thermal 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: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass None CASING JOINTS: Glued..... Clamped..... Welded..... Threaded.....

Blank casing diameter in. to ft., Diameter. in. to ft., Diameter in. to ft. Casing height above land surface..... in., Weightlbs./ft. Wall thickness or guage No.

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..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: From..... ft. to ft., From..... ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 0 ft. to 31.0 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 Building

Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

0	20	Brown Clay		
20	120	Sand		
120	200	Blue Shale		
200	310	Gray 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) 10/23/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 812 This Water Well Record was completed on (mo/day/year) 10/26/09 under the business name of Environmental Log Service, Inc by (signature) Richard Moore

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.