

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

(to rectify lacking or incorrect information)

County: KIOWA

Location listed as:

Section-Township-Range: 25 - 18 - 29W

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

Location changed to:

25 - 29S - 18W

SE SE NE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Brenhan topographic quadrangle.

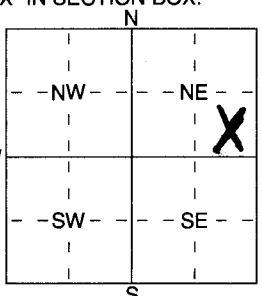
initials: DJ date: 4/26/04

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.

1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 NE 1/4 Section Number 25 Township Number T 18 S Range Number R 29 E 10  
 County: Rawl

Distance and direction from nearest town or city street address of well if located within city?  
1 west of Brennan on 54 Hwy 8 1/2 south

2 WATER WELL OWNER: Doug Melton  
 RR#, St. Address, Box # : Rt 2 Box 78 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Haviland, KS 67059 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL 72 ft. ELEVATION:  
 Depth(s) Groundwater Encountered ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL NA 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 Stock well  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No X .....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped .....  
 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded .....  
 Blank casing diameter 5 in. to ..... ft., Dia 160 in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 24 in., weight 160 lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-Cement  
 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 11 Other (Specify) .....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped X 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From 72 ft. to 20 ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 72 ft. to 20 ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X Bentonite 4 Other .....  
 Grout intervals: From 20 ft. to 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 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) Nothing  
 13 Insecticide storage  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Blk top soil			
3	15	Tan Clay / white Clay streaks			
15	20	Fine Sand			
20	26	Tan Clay			
26	32	Fine Sand			
32	44	Tan Clay			
44	72	Blk Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-12-04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 672 This Water Well Record was completed on (mo/day/yr) 2-23-04 under the business name of Crowd's Water Well by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. 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.