

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

(to rectify lacking or incorrect information)

County: Meade

Location listed as:

Section-Township-Range: 19-30s-30W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): N2 SE

~~Location changed to:~~

Other changes: Initial statements: Distance from nearest town listed as
12 miles South West of Sublette.

Changed to: 12 miles South East of Sublette.

Comments:

verification method: Direction from original WWC 5, Meade County
map.

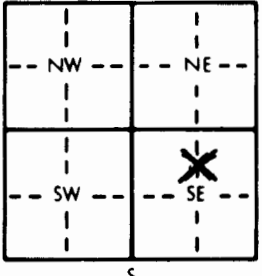
initials: B.C. date: 11-10-08

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: County: **MEADE** Fraction: $\frac{1}{4}$ **N2** $\frac{1}{4}$ **SE** $\frac{1}{4}$ Section Number: **19** Township Number: **T 30 S** Range Number: **R 30W E/W**

Distance and direction from nearest town or city street address of well if located within city?
12 MILES SOUTHWEST SUBLETTE, KS

2 WATER WELL OWNER: **ENSIGN OPERATING CO.** # **1-19 KOEHN**
 RR#, St. Address, Box #: **621 17th. ST. STE. 1800** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **DENVER CO. 80293** Application Number: **950084**

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

 4 DEPTH OF COMPLETED WELL: **360** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **220** ft. below land surface measured on mo/day/yr **5-16-95**
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter in. to ft., and in. to ft.
 WELL WATER ~~XXXXXX~~ USED AS:
 1 Domestic **WAS** 3 Feedlot Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 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 BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
 2 PVC 4 ABS 7 Fiberglass Welded
 Blank casing diameter 5 in. to 360 ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface 5' **BELOW** in., weight 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 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes
 SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.
 From ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other
 Grout Intervals: From 8 ft. to 5 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 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
 13 Insecticide storage
 Direction from well? **Southwest** How many feet? **270**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			360	205	CHLORINATED GRAVEL
			205	190	HOLE PLUG
			190	5	CEMENT GROUT
			5	0	BACKFILL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **5-16-95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **KWCL-430** This Water Well Record was completed on (mo/day/yr) **5-16-95** under the business name of **HOWARD DRUG CO. BOX 806 BEAVER, OK 73932** 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 answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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