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

	IO WAI	EK WEL	LICO	TCD (II	*** C-3
(to rectify	lacking o	r incorrec	t informat	tion)	

	County: Stevens
Location listed as:	Location changed to :
Section-Township-Range:	29-315-37W
Fraction (1/4 1/4 1/4):	NW NW SE
Other changes: Initial statements: Grant County	
18 South \$ 1.5 West	
Changed to: <u>Stevens County</u>	
From Ulysses: 18 mi. 5.	, 1.5 m. W.
Comments:	A-19 day.
verification method: Written & legal description same section listed in 1695 da	tions, Grubbs gas leases in
same section listed in 1695 da	tabase, and Geologic Map
of Kansas.	initials: DR1 date: 8/29/2005

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.

Crowd Allay Allay OF OO	1 LOCATIC	ON OF WATE	R WELL:	Fract		ATER WE	LL KEU	OUD LO	rm vvvvC	Section N	Number		ownship	Numbe	er	Rar	nge Num	ber
Delations and direction from nearest lown or city after address of well if located within city? If South 8.1 Weet If South 8.						4 N	W 1/2	, SE				1					-	, EW
2 WATER WELL OWNER. Randy Grubbs Reg. SL Address, Box \$	Distance and	d direction from	m nearest t	own or city	street	address	of well i	f located w	ithin city	/?					- 1			ئا-
RRS, St. Address, Box # HC-1 Box 21 Contract Contr																		
CIRY, State ZIP Code Hugoton KS 67951 Application Number: A COATE WELLS LOCATON BOX:					S													
3 LOCATE WELL'S LOCATON WITH 4 NA "X IN SECTION BOX." AN "X IN SECTION BOX." NUMBER OF THE PROPERTY OF COMPLETED WELL 290 ft. below land surface measured on mordayly? 8/15/05 Pump test data. Well water was ft. after hours pumping greatly was a chemically secure of the property of t	RR#, St. Add	dress, Box#	: HC-1	Box 21								Boa	ard of Ag	gricultur	re, Divisi	on of W	Vater Res	sources
Depth(s) Groundwater Encountered 1 290 ft. below land surface measured on moldaylyr 290 ft. and 190 ft. below land surface moldaylyr 290 ft. and 190 ft. below land surface moldaylyr 290 ft. and 290 ft.	City, State, Z	ZIP Code	: Hugo	oton KS	679	51						App	olication	Numbe	er:			
Depth(s) Groundwater Encountered 1 290 ft. below land surface measured on moldaylyr 290 ft. and 190 ft. below land surface moldaylyr 290 ft. and 190 ft. below land surface moldaylyr 290 ft. and 290 ft.	3 LOCATE	WELL'S LOC	ATON WIT	TH 4						500								
WELL WATER 16 BED 10 in. to Well water was 1. after hours pumping gr 10 in. to 10 in.	AN "X" IN	SECTION B	OX:]DEP	TH O	F COMPI	LETED	WELL		500	ft. ELE	/ATION	: _					
Pump test data: Well water was ft. after hours pumping greaters with the pumping greaters gr	. –	N		Depth(s) Grou	undwater	Encoun	itered 1		290	ft	. 2			_ft. 3			ft.
gm: Well water was	1			WELL'S	STAT	TIC WAT	ER LEV	EL	290	ft. belov	w land s	urface i	neasure	ed on m	io/day/yr		8/15/0)5
Elsore Hole Diameter 10 in. to 10 in. to 20 in		nw -	NE		Pu	ump test o	data: \	Well water	was .		f	t. after		h	nours pui	mping		gpm
Elgore Hole Diameter 10 in. to WCLL WATER TO BE USED AS: 5 Public water supply 9 8 Air conditioning 11 Infection well 12 Dimessib 3 Feed to 6 0.01 field water supply 9 8 Air conditioning 11 Infection well 12 Dimessib 3 Feed to 6 0.01 field water supply 9 Dewatering 12 Chher (Specify below 12 Dimessib 12 Dimessib 12 Dimessib 13 Feed to 6 0.01 field water supply 9 Dewatering 12 Chher (Specify below) Water Wild Dismerteded? Yes X No 14 Mater Wild Dismerteded? Yes X No 15 Mater Wild Dismerteded (Specify below) Certa - loc Welded 2 PVC 4 ABS 7 Fiberglass 7 Fiberglass 7 Fiberglass 7 Fiberglass 8 RMP (SR) 1 No 16 In. 10			: 1	Est. Yie	d	9	gpm: \	Well water	was		f	t. after		h	nours pur	mping		gpm
S	₹ W –			E Bore Ho	le Dia	meter	10	in. to	-			ft. and			in. t	to		ft.
S	7		`	WELL V	VATE	R TO BE	USED A	AS: 5 Pi	ıblic wa	er supply		8 A	ir condi	itioning	11	Injectio	on well	
Was a chemical/bacteriological sample submitted to Department? Yes X Noif yes, mordaylyr sample was submitted submitted. Submitted water Well Disinfected? Yes X Noif yes, mordaylyr sample was water well. Disinfected? Yes X Noif yes, mordaylyr sample was water well. Submitted water well. Disinfected? Yes X Noif yes, mordaylyr sample was water well. Disinfected? Yes X Noif yes, mordaylyr sample was water well. Disinfected? Yes X Noif yes, mordaylyr sample was water well. Disinfected? Yes X Noif yes, mordaylyr sample was water well. Disinfected? Yes X No		sw	SE	1 1	<u>Dome</u> :	stic 3 l	Feed lot	t 6 Oi	il field w	ater supp	ly	9 [Dewater	ing	12	Other ((Specify	below)
S submitted Water Welf Disinfected? Yes X No 5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tille CASING JÖINTS Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)Certa -loc Welded 2 PVC 4 ABS 7 Fiberglass Threaded Slank casing diameter 5 in. to 500 ft., Dia in. to ft., Dia in. to Casing height above land surface in., weight Dis.fit. Wall thickness or gauge No SDR 21 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stalines steel 5 Fiberglass 8 RMP (SR) 11 Cher (specify) 2 Brass 4 Galvanizad steel 6 Concrete tille 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous siot 3 Mill stidl 6 Write wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 340 ft. to 460 ft. From 480 ft. to 420 From 440 ft. to 460 ft. From 480 ft. to 500 GRAVEL PACK INTERVALS: From 30 ft. to 500 ft. From ft. to ft. Torch ft. to ft. From ft. to			i l															
Submitted Subm	Y			Was a c														
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From ft. to ft. From ft. To ft	GRA	AVEL PACK II	NTERVALS	S: Fron	n	30	ft	t. to	50	0	ft. F	rom			ft. to			ft.
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What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) None observed 13 Insecticide storage None observed None ob	Grout Interva	als From	7	ft. to	30	0 ft.	. From			ft. to	-	f	t. From	n		ft. to		ft.
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under the business name of Tyler Water Well Service by (signature) INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topela,	UCTON 19DIN	UCTIONS DIA	ol ase fill in ble	anks and circ	le the	correct an	SWATE C	Send three	onies to	Kanese D	d enartme	nt of Hea	ature)	2	1	eau of M	Vate	-
Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	Kansas	66620-0001.	Telephone:	913-296-554	5. Se	end one to	WATER	WELL OW	NER and	retain one	e for you	records	anu E		Bult	-uu 01 V	, 10	7