

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

(to rectify lacking or incorrect information)

County: Stevens

Location listed as:

Location ~~changed to:~~

Section-Township-Range: _____

29-31S-37W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

NW NW SE

Other changes: Initial statements: Grant County

18 South & 1.5 West

Changed to: Stevens County

From Ulysses: 18 mi. S., 1.5 m. W.

Comments: _____

verification method: Written & legal descriptions, Grubbs gas leases in same section listed in KGS database, and Geologic Map of Kansas.

initials: DRJ date: 8/29/2005

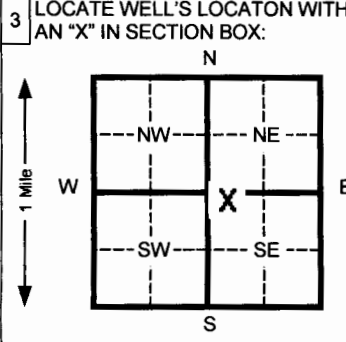
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL: County: **Grant** Fraction: **NW 1/4 NW 1/4 SE 1/4** Section Number: **29** Township Number: **T 31 S** Range Number: **R 37** E/W

Distance and direction from nearest town or city street address of well if located within city?
18 South & 1.5 West

2 WATER WELL OWNER: **Randy Grubbs**
 RR#, St. Address, Box #: **HC-1 Box 21** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Hugoton KS 67951** Application Number:



4 DEPTH OF COMPLETED WELL: **500** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **290** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **290** ft. below land surface measured on **mo/day/yr** **8/15/05**
 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 **10** in. to _____ ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes **X** No _____ 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 _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) **Certa-loc** Welded _____
 7 Fiberglass _____ Threaded _____
 Blank casing diameter **5** in. to **500** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. **SDR 21**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 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 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **340** ft. to **380** ft. From **400** ft. to **420** ft.
 From **440** ft. to **460** ft. From **480** ft. to **500** ft.
 GRAVEL PACK INTERVALS: From **30** ft. to **500** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals From **7** ft. to **30** 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) _____
None observed

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	120		Top soil & brown sandyclay			
120	185		Med sand @ a little clay			
185	270		Brown clay & a little caliche			
270	370		Med to course sand ; little clay			
370	380		White rock [hard]			
380	400		caliche			
400	430		Sandy clay			
430	500		Fi to med sand ,caliche & clay			

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/yr) **8/15/05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **473** This Water Well Record was completed on (mo/day/yr) **8/15/05** under the business name of **Tyler Water Well Service** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.

OFFICE USE ONLY

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