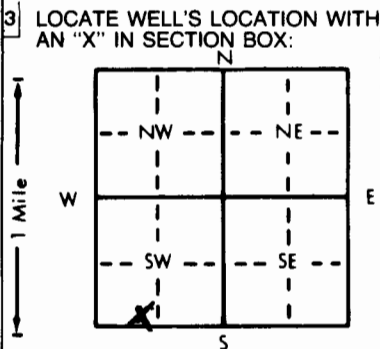


1 LOCATION OF WATER WELL: Fraction  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  Section Number 20 Township Number T 32 S Range Number R 34 EW

Distance and direction from nearest town or city street address of well if located within city?  
**FROM LIBERAL: 9 NORTH, 7 WEST, 5 NORTH & 5 WEST INTO**

2 WATER WELL OWNER: **HITCH ENTERPRISES**  
 RR#, St. Address, Box #: **309 NORTHRIDGE CIRCLE** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **GUYMON, OK 73942** Application Number:



4 DEPTH OF COMPLETED WELL: **350** ft. ELEVATION: ..... 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 **10-19-95**  
 Pump test data: Well water was ..... ft. after **1** hours pumping **70** gpm  
 Est. Yield **70** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter **9 1/2** in. to **350** ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic     3 Feedlot     6 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     6 Asbestos-Cement     9 Other (specify below)    Welded .....  
 7 Fiberglass    Threaded .....  
 Blank casing diameter **5** in. to **350** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface **24** in., weight **2,902** lbs./ft. Wall thickness or gauge No. **.280 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     9 ABS     11 Other (specify) .....  
 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 **270** ft. to **330** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **170** ft. to **330** 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 **HOLE PLUG**  
 Grout Intervals: From **0** ft. to **16** 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)  
 13 Insecticide storage

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	CLAY TOP			
2	10	CLAY			
10	45	CALICHE CLAY			
45	80	SANDY CLAY			
80	93	SAND			
93	140	CLAY & SANDY CLAY			
140	160	SANDY CLAY			
160	180	COARSE SAND			
180	230	COARSE SAND & SMALL GRAVEL			
230	250	SANDY CLAY			
250	260	COARSE SAND & SMALL GRAVEL			
260	350	GRAVEL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **10-19-95** 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) **10-19-95** under the business name of **HOWARD DRIG. 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.

OFFICE USE ONLY

CORRECTION TO WATER WELL RECORD (WWC-5)

The following correction(s) was made to the attached WWC-5 log, in order to file the item or to rectify lacking or incorrect information.

Fraction ( 1/4 1/4 1/4) Section-Township-Range changed:

listed as 20 - 32 - 34w

changed to SE - SW - SW 20 - 32 - 34w

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

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

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

verification method: Woods 7.5 ; disc of location ~~and~~ on form

initials: Seq date: 5/4/99

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment Bureau of Water Industrial Programs, Bldg 283, Forbes Field, KS 66620