CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Rawlins

Location listed as:	**Location changed to:**
Section-Township-Range: 21-25S-35W	21-2S-35W
Fraction (¼ ¼ ¼): SW SE SE	SE SW SE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Latitude & longitude, KGS' "LEO" conversion tool, county map, and mapping tool on KGS website.

initials: DRL date: 10/28/2009

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.

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: **Rawlins** | Fraction: ¼ SW ¼ SE ¼ SE ¼ | Section Number: **21** | Township Number: T **25** S | Range Number: R **35** ☐E ☒W

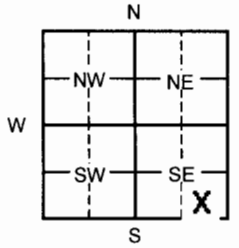
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐.

3 more - 1½ west of Beardsley

2 WATER WELL OWNER: City of Atwood
RR#, St. Address, Box # : 106 S 3rd St
City, State, ZIP Code : Atwood Ks 67730

Global Positioning System (GPS) information:
Latitude: 39.85746° (in decimal degrees)
Longitude: 101.25319° (in decimal degrees)
Elevation:
Datum: ☒ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☒ GPS unit (Make/Model: GARMIN GPOCSX)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☒ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

3 LOCATE WELL WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 285 ft.
Depth(s) Groundwater Encountered (1) ____ 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: ☐ Public water supply ☐ Geothermal ☐ Injection well
Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☒ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well **Temporary Test 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 CASING USED: ☐ Steel ☒ PVC ☐ Other ____
CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter **8** in. to **235** ft., Diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft.
Casing height above land surface **18** in., Weight **5.540** lbs./ft. Wall thickness or gauge No. **.322**
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) ____
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous Slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify) ____
SCREEN-PERFORATED INTERVALS: From **235** ft. to **285** ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **20** ft. to **285** ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other ____
Grout Intervals From **0** ft. to **20** ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well **None**
Direction from well ____ Distance from well ____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	150	165	Caliche & clay w/fine sand strks
2	28	Loess	165	180	Fine sand w/clay & caliche strks
28	59	Clay w/caliche lenses	180	194	Fine to med sand w/clay & caliche lenses
59	98	Clay w/caliche strks	194	206	Joint clay & clay & caliche w/sand lenses
98	112	Caliche w/clay strks	206	214	Fine sand w/clay & caliche lenses
112	120	Sandstone w/caliche & clay strks	214	227	Joint clay w/caliche strks & sand strks
120	134	Fine sand w/clay & caliche strks	227	260	Fine to some med sand w/caliche lenses
134	136	Caliche	260	268	Fine sand w/clay & caliche strks
136	140	Caliche w/fine sand strks & clay lenses	268	286	Fine & med sand w/caliche lenses
140	150	Fiine sand w/clay & caliche lenses	286	295	Black shale

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) **9/21/09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554 or 783** . This Water Well Record was completed on (mo/day/year) **10-1-09** under the business name of **Woofter Pump & Well Inc.** by (signature) ____.

INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.