

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

(to rectify lacking or incorrect information)

County: Rawlins

Location listed as:

Section-Township-Range: 34-35-33

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): None Given

Location changed to:

34-35-33 W

S2 NE SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Legal description, county map, position on plat map, and mapping tool & aerial photo on KGS website.

initials: DRL date: 3/24/2008

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 $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 34 Township Number T 3 S Range Number R 33 E/W

Distance and direction from nearest town or city street address of well if located within city? **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: _____
 Longitude: _____
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

2 WATER WELL OWNER: Jackie Urban
 RR#, St. Address, Box # : R.R.1 Box 89
 City, State, ZIP Code : Atwood, KS 67730

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

N

W	--NW--	--NE--	E
	--SW--	--SE--	
			S

X is marked in the SW quadrant.

4 DEPTH OF COMPLETED WELL 255 ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL... 168 ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm
 Est. Yield... 5...gpm: Well water was.....ft. after..... hours pumping..... gpm
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 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 CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
 2 PVC 4 ABS 7 Fiberglass Threaded.....
 Blank casing diameter 7.25 in. to ft., Diameter..... in. to ft., Diameter..... in. to ft.
 Casing height above land surface..... 18 in., Weight..... 200 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From..... 210 ft. to 255 ft., From..... ft. to ft.
 From..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From..... 20 ft. to 255 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..... 0 ft. to 20 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 13 Insecticide Storage 16 Other (specify
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	20	Top Soil, Clay			
20	60	Clay			
60	80	Med.-Lg. Gravel w/clay			
80	120	Clay			
120	180	Fine-lg. Gravel w/clay			
180	210	Clay w/ fine-Med. Gravel			
210	225	Med. Gravel, Clay Okra Shale			

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/year) 6-25-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 701..... This Water Well Record was completed on (mo/day/year) 10-3-07..... under the business name of Wilcox Well Drilling by (signature) Richard Wilcox

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, 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. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdhe.state.ks.us/geo/waterwells>.