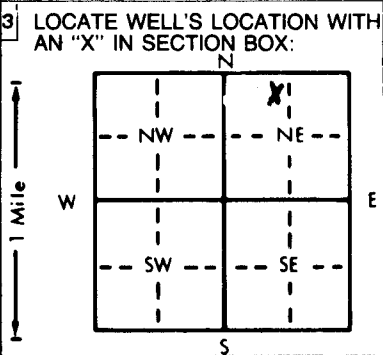


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>Rawlins</u>	Fraction NE 1/4 NW 1/4 NE 1/4	Section Number <u>8</u>	Township Number T <u>3</u> S	Range Number R <u>33</u> EW
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Distance and direction from nearest town or city street address of well if located within city?
209 Grant Street, Atwood, Kansas MW 12

2 WATER WELL OWNER: Rod Beamgard
 RR#, St. Address, Box # : P. O. Box 197
 City, State, ZIP Code : Atwood, Ks. 67730
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: 17 ft. ELEVATION: _____ ft.
 Depth(s) Groundwater Encountered 1 12 ft. 2 ft. 3 ft.
 WELL'S STATIC WATER LEVEL 1.75 ft. below land surface measured on 10-28-91
 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 7 5/8 in. to 17 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 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 X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No X

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 7 Fiberglass _____ Welded _____
 9 Other (specify below) _____ Threaded X
 Blank casing diameter 2 in. to 7 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 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 7 ft. to 17 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 6 ft. to 17 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 1 (cement) ft., From 1 ft. to 6 (bent) ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____

Direction from well? Southwest How many feet? 70

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	6	Silt, light brown clayey			
6	11.5	Silt, grey			KDHE Site Tag#0027593
11.5	17	Silt, dark grey to black			Above ground well cover

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) 10-11-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 10-31-91 under the business name of GeoCore Services, Inc. by (signature) Dale Bell

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.