WATER WELL RECORD Form WWC-5 ☐ Original Record ☐ Correction ☐ Change in Well Use					Division of Water				V 11 II	MW-9								
original Record Correction Chang 1 LOCATION OF WATER WELL:			Fraction		Resources App. No. Section Number			Township Number		Vell ID Range Number								
County: Rawlins			NE 1/4 NW 1/4 NW 1/4	Beet	8	λ.	* _		B DE W									
2 WELL OWNER: Last Name: Business: Beaver Valley Supply			First:				ess where well is located (if unknown, distance and											
Busines Address				direction from nearest town or intersect 109 Grant St., Atwood					address, c	heck here:								
Address	S:	1/0		109 Gra	ant St	, Atwood												
City:	Atwood		ZIP: 67730			1												
	TE WELL "X" IN	L.	PLETED WELL:25.5 ft.			5 Latitude: 39.81374 (decimal degrees)												
	ON BOX:			Encountered: 1) ft.			Longitude: 101.04534 (decimal degrees) Horizontal Datum: □ WGS 84 ■ NAD 83 □ NAD 27											
	N	WELL'S STATIC WA	WELL'S STATIC WATER LEVEL: 4.65				for Latitude/Lo											
l l	X	below land surface	, measured on (mo-day	-yr)7/11	/19		S (unit make/me	unit make/model: EPOCH)										
NW -	NE		ce, measured on (mo-day-yr) water was ft.			(WAAS enabled? ☐ Yes ■ No) ☐ Land Survey ☐ Topographic Map												
Bore Hole Diameter:			s pumping gpm water was ft. s pumping gpm			6 Elevation: 2840.54 ft. Ground Level TOC Source: Land Survey GPS Topographic Map												
											3.25 in to 26 ft and							
											1 mile in, to ft.							
			1. Domesti		5. ☐ Public Wa								10. 🗀 Oil 1	Field Water Sup	plv: lease			
☐ Household 6. ☐ Dewatering			g: how many wells?			11. Test Ho	ole: well ID	: well ID										
Lawn & Garden 7. Aquifer Re			charge: well ID ;: well ID			Case	ed Uncased	l Geor	echnical									
☐ Livestock 8. Monitoring 2. ☐ Irrigation 9. Environmental			Remediation: well ID			12. Geothermal: how many bores?												
3. ☐ Feedlot ☐ Air Sparge			☐ Soil Vapor Extraction			b) Open Loop Surface Discharge Inj. of Water												
4. Industrial Recovery Injection 13. Other (specify):																		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:																		
8 TYPE OF CASING USED: Steel PVC Other																		
Casing diameter 2 in to 5.5 ft., Diameter in to ft. Casing height above land surface 6.6 in. Weight 1bs./ft. Wall thickness or gauge No. Sch. 40																		
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberglass PVC Other (Specify)																		
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)																		
SCREEN OR PERFORATION OPENINGS ARE:																		
☐ Continuous Slot																		
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From																		
GRAVEL PACK INTERVALS: From 3.5 ft. to 25.5 ft., From ft. to ft., From ft. to ft.																		
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other																		
Grout Intervals: From																		
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage																		
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well																		
Other (Specify)																		
Direction from well?									Dimminut									
10 FROM	TO 0.3	Top soil/grass	IC LUG	FROM	-	TO L	THO, LOG (co	nt.) or PLU	GGING	INTERVALS								
).3	5	Silt																
3	15	Clayey silt																
15	26	Silty Clay																
					-													
				Notes:	Atwo	ood 66: KDHE	project code: U	6-077-147:	35									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .7/11/19																		
Kansas Water Well Contractor's License No. 881. This Water Well Record was completed on (mo day-year) .8/27/19 under the business name of Woofter Pump & Well Signature																		
under the b	usiness nam	ie of .Wootter.Pump.& V	Constructed well to: V	ac Dono-t	Signa	ture	real le	Day!	/									
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.																		
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015																		