

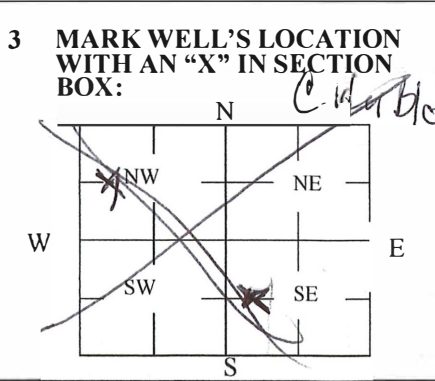
1 LOCATION OF WATER WELL: Fraction 1/4 SW 1/4 SW 1/4 NE 1/4 Section Number 8 Township Number T 3 S Range Number 33 E W
 County: Rawlins

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 103 N 2nd St
Atwood KS 67730

Global Positioning Systems (GPS) information:
 Latitude: 39.807774 (in decimal degrees)
 Longitude: -101.045300 BDA (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Connie Terry
 RR#, St. Address, Box #: 103 N 2nd St
 City, State ZIP Code: Atwood, KS 67730

GPS unit (Make/Model): _____
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 15 ft.
 WELL'S STATIC WATER LEVEL 0 ft
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile Brick cistern w/concrete lid

Blank casing diameter 22 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 12 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 15 ft. to 1 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) None
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>15</u>	<u>1</u>	<u>Flowable Fill / Sac Mix / yd</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-21-23 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 1-11-24 under the business name of hand Owner Connie by (signature) Connie Terry