

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 25-35 S-36 W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NE NW SW

County: Rawlins

Location changed to:

25-3 S-36 W

NE NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Phone call to well contractor, and
mapping tool on KGS website.

initials: DRJ date: 8/25/2006

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.

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Rawlins		NE ¼ NW ¼ SW ¼		25		T 35 S		R 36 E	
Distance and direction from nearest town or city street address of well if located within city?									
2 Water Well Owner: Dept. of Water Resources									
RR#, St. Address, Box #: 820 S. Walnut									
City, State, ZIP Code: Stockton, KS 67669									
Board of Agriculture, Division of Water Resources									
Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 250 ft. ELEVATION:							
		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							
		Bore Hole Diameter 8 in. to 250 ft. and _____ in. to _____ ft.							
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Observation Well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted									
Water Well Disinfected? Yes X No									
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 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded X									
Blank casing diameter 2 in. to 200 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface 0 in., weight .716 lbs./ft. Wall thickness or gauge No. .154									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____									
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 200 ft. to 250 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 20 ft. to 250 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.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)									
13 Insecticide storage none									
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS			
0	2		surface	111	120	Fine to med sd w/small gravel			
2	15		loess	120	129	Fine to med sd w/clay lenses			
15	25		Loess	129	136	Clay & caliche			
25	30		Clay	136	150	Fine to med sd w/clay & cal. Strks			
30	45		Clay w/caliche strks	150	165	Fine to med sd w/clay & cal. Strks			
45	47		Clay w/caliche strks	165	180	Fine to med sd w/clay & cal. Strks			
47	60		Clay w/caliche strks & sd strks	180	195	Fine to med sd w/clay strks, cal lense			
60	75		Clay w/caliche & sand strks	195	210	Fine to med sd w/clay strks cal lens			
75	82		Clay w/caliche & sand strks	210	225	Fine to med sd w/clay lenses			
82	90		Med sd w/some gravel w/clay & Caliche strks	225	240	Fine to med sd w/clay lenses			
				240	242	Fine to med sd			
90	102		Fine to med sd w/clay & caliche Strks	242	250	Yellow ochre grey shale			
102	111		Clay w/caliche strks						
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/yr) 6-28-06 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 7-7-06									
under the business name of Woofert Pump & Well Inc. by (signature) <i>Don C. Woofert</i>									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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