

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

(to rectify lacking or incorrect information)

County: Rawlins

Location listed as:

Section-Township-Range: 35-4S-5W

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

Location changed to:

5-4S-35W

SE SE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

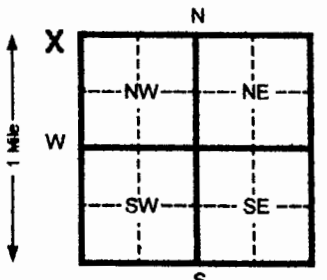
verification method: Phone call to driller.

initials: ORL date: 11/18/2005

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 **SE ¼ SE ¼ NE ¼** Section Number **35** Township Number **T 4 S** Range Number **R 5 E**
 County: **RAWLINS**
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **ROBERT BINNING**
 RR#, St. Address, Box #: **308 RAILROAD AVE** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **ATWOOD, KS 67730** Application Number:

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

 4 DEPTH OF COMPLETED WELL: **177** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL: **124** 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 **190** 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
 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 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 _____
 Blank casing diameter **4.5** in. to **137** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **18** in., weight **2.38** lbs./ft. Wall thickness or gauge No. **.248**
 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 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 3 Mill slot 6 Wire wrapped 9 Drilled holes
 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **137** ft. to **177** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **177** 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 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	120	136	Fine sand w/sandstone lens
2	12		Loess	136	153	Sandstone & caliche
12	15		Cemented sand	153	162	Clay & caliche
15	29		Cemented sand & sandstone	162	170	Fine to some med sand w/sandstone
29	50		Fine to med sd w/caliche strks			Lens
50	55		Fine to some med sd (semi-tight)	170	179	Fine to med sand
55	64		Fine sand to some med sand	179	182	Yellow ochre
64	71		Sandstone	182	190	Gray shale
71	76		Sandy clay			
76	88		Sandstone w/caliche strk			
88	97		Fine to some med sand			
97	104		Sandy clay			
104	115		Fine sand w/sandstone strk			
115	120		Clay & caliche			

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) **8-16-05** 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) **9-16-05**
Woofter Pump & Well Inc. by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.