County: Harve	Fraction Nu Nu Nu Nu Nu Nu Nu Nu	W_Sec. 15	T 22 S R 3 EW
	(to rectify lacking or incom	ect information)	D (WWC-5)
Owner: Equus	s Beds GMD #2		
Location was listed as:		Location change	ed to:
Section-Township-Ra	nge:		
Fraction (¼ ¼ ¼):	nge:		
	statements: Well Identific		26B
Changed to:	EB26A		
Comments:			
Verification method:	Pers. comm. from Brons), and well record	wnie Wilso	n (per GMS* labeling
		initia	ls: ORA date: 6/12/2015
Submitted by: Kansas Goto: Kansas Dept of Healt	eological Survey, Data Resources Library, 1930 h & Environment, Bureau of Water, 1000 SW J	Constant Ave., Lawren ackson, Suite 420, Tope	ce, KS 66047-3726 / / ka, KS 66612-1367.

			WATE	R WELL RECORD	Form WWC-5	KSA 82a-	1212		
<b>→</b> .	ON OF WA	TER WELL:	Fraction	,		tion Number	Township N	lumber	Range Number
	larvey			NW 14 NU		15	т 22	S	R 3 E(w)
<b>.</b>			•	address of well if located	1 1				_
Buhler	<u>r Haver</u>	) or Dute	h Ave 7	E 8 So ES	Sidle				
2 WATER	R WELL OW	NER: Equus	Bed GMO	#2					
RR#, St.	Address, Bo	x# :3135Pr	ruel			_	Board of	Agriculture,	Division of Water Resources
City, State	e, ZIP Code	: Halste	gol KS 678	256	E.E	3268	Application	n Number:	
LOCATI	E WELL'S L	OCATION WITH N BOX:			!	. ft. ELEVA			
- r	V 1	<del>}</del>	Depth(s) Ground	water Encountered 1.	4	π. 2		π. 3	12-2-92
<b>†</b> [1	^ ¦		1						
]-	NW	NE							ımping gpm
1	!	!							ımping gpm
		E	1						i. to
2	-		[		5 Public water		B Air conditionin	•	Injection well
1 -	SW	SE	1 Domestic						Other (Specify below)
	1	ı	2 Irrigation			-	,		
.↓ L	l	l .	Was a chemical	bacteriological sample s	ubmitted to De	-			, mo/day/yr sample was sub-
		<u> </u>	mitted				er Well Disinfect		
5 TYPE	OF BLANK (	CASING USED:		5 Wrought iron	8 Concre	ete tile	CASING JO	INTS: Glue	d . X Clamped
1 St	teel	3 RMP (S	SR)	6 Asbestos-Cement	9 Other (	specify below	·)	Weld	led
2 P\		_4 ABS	/ /	7 Fiberglass				Thre	aded
									in. to ft.
Casing he	eight above la	and surface	36	.in., weight Se.c	<i>H</i> .O	Ibs./f	t. Wall thickness	or gauge N	lo
		R PERFORATIO			Z PV			bestos-cem	
1 St	teel	3 Stainles	s steel	5 Fiberglass	8 RM	P (SR)	11 01	her (specify)	)
2 Br	rass	4 Galvania	zed steel	6 Concrete tile	9 ABS			ne used (o	
SCREEN	OR PERFO	RATION OPENIN	NGS ARE:	5 Gauze	d wrapped		8 Saw cut		11 None (open hole)
1 Co	ontinuous slo	ot 3 N	Mill slot	6 Wire v			9 Drilled holes		(0)
	ouvered shut		Key punched	7 Torch	• •				. ,
		ED INTERVALS:	From 4			ft From	n	ft .	toft.
CONLECT		LO MITENTALO.							toft.
,	GRAVEL PA	CK INTERVALS	From 5	6 # to 5	7 /	ft From	n		toft.
`	anavel i a	OK IIII EHVALO	From				n		
6 GBOLD	T MATERIAL	· 1 Neat	cement	2 Cement grout	2 Ponto				to ft.
Grout Inte				2 Cement grout	_3 Denio				ft. toft.
				R., FIOTH					
		ource of possible		7. Dit		10 Livest	•		bandoned water well
1	eptic tank		eral lines	7 Pit privy		11 Fuel s	-		Dil well/Gas well
i .	ewer lines	5 Cess	=	8 Sewage lago	on		zer storage	16 (	Other (specify below)
l .	•	er lines 6 See	page pit	9 Feedyard			icide storage		N. 0.20. C
	from well?		LITHOLOGIO	106	EDOM 1	How mar TO		LUGGING	INTERVALS
FROM	3		LITHOLOGIC	LUG	FROM	1()	· ·	LUGGING	INIEUATO
0	1 3	116							
		75							
3	55	Clay							
3 55			rcl						
3 55	55	Clay	d						
3 55	55	Clay	xel						
3 <i>5</i> 5	55	Clay	xel						
3 \$5	55	Clay	xl						
3 55	55	Clay	xl						
3 55	55	Clay	vel						
3 55	55	Clay	vel						
3 55	55	Clay	vel						
3 55	55	Clay	vel						
3 55	55	Clay	vel						
3 55	55	Clay	xl						
3 55	55	Clay							
	71	Med San							
7 CONT	71  RACTOR'S	Clay Med San	ER'S CERTIFICAT	TON: This water well wa	as (1) construc			plugged un	der my jurisdiction and was
7 CONT	7 / RACTOR'S	OR LANDOWNE	ER'S CERTIFICAT			cted, (2) reco	nstructed, or (3)	est of my kr	nowledge and belief. Kansas
7 CONT	7 / RACTOR'S	Clay Med San	ER'S CERTIFICAT			cted, (2) reco	nstructed, or (3)	est of my kr	
7 CONT completed Water We	7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 /	OR LANDOWNE	ER'S CERTIFICAT	This Water W		cted, (2) reco	nstructed, or (3)	est of my kr	der my jurisdiction and was nowledge and belief. Kansas
7 CONT completed Water We under the	RACTOR'S d on (mo/day ell Contractor business na	OR LANDOWNE //year) /2-2 s License No. Sime of $F/ou$	ER'S CERTIFICAT 2-92 537 JUCCS OCI	This Water W	ell Record wa	cted, (2) reco and this reco s completed of by (signat	nstructed, or (3) of is true to the ton (mo/day/yr) ure)	est of my kr 2- Flaut	nowledge and belief. Kansas