

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

(to rectify lacking or incorrect information)

County: Harvey

Location listed as:

Location changed to:

Section-Township-Range: 17-22S-3W

17-22S-3W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): E $\frac{1}{2}$

NE NE SE

Other changes: Initial statements: _____

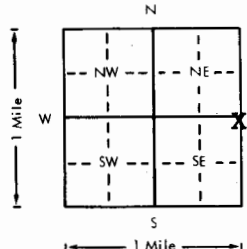
Changed to: _____

Comments: _____

verification method: written & legal descriptions, communications
with GMD #2, and mapping tool on KGS website.

initials: DRL date: 6/19/2006

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	NCO east side <u>5/8</u> $\frac{1}{4}$		Section Number	Township Number		Range Number	
County: <u>Harvey</u>		$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$	<u>17</u>	<u>T</u>	<u>22</u>	<u>S</u>	<u>R</u> <u>3</u> <u>EW</u>
Distance and direction from nearest town or city? <u>6 miles east, 1/2 mile south of Buhler</u>					Street address of well if located within city?				
2 WATER WELL OWNER: <u>Equus Beds GMD #2</u>					Board of Agriculture, Division of Water Resources				
RR#, St. Address, Box # : <u>243 Main</u>					Application Number:				
City, State, ZIP Code : <u>Halstead, Kansas 67056</u>									
3 DEPTH OF COMPLETED WELL <u>95</u> ft. Bore Hole Diameter <u>4.0</u> in. to <u>95</u> ft. and in. to ft.									
Well Water to be used as:									
5 Public water supply			8 Air conditioning			11 Injection well			
1 Domestic			3 Feedlot			6 Oil field water supply			9 Dewatering
2 Irrigation			4 Industrial			7 Lawn and garden only			10 Observation well
12 Other (Specify below)									
Well's static water level <u>27.14</u> ft. below land surface measured on <u>1</u> month <u>81</u> day <u>81</u> year									
Pump Test Data									
Est. Yield gpm: Well water was ft. after hours pumping gpm									
Well water was ft. after hours pumping gpm									
4 TYPE OF BLANK CASING USED:									
1 Steel			3 RMP (SR)			5 Wrought iron			8 Concrete tile
2 PVC			4 ABS			6 Asbestos-Cement			9 Other (specify below)
7 Fiberglass						Casing Joints: Glued <u>X</u> Clamped			Welded
									Threaded
Blank casing dia <u>2.0</u> in. to <u>92</u> ft. Dia in. to ft. Dia in. to ft.									
Casing height above land surface in. weight lbs./ft. Wall thickness or gauge No									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel			3 Stainless steel			5 Fiberglass			7 PVC
2 Brass			4 Galvanized steel			6 Concrete tile			8 RMP (SR)
									9 ABS
									10 Asbestos-cement Johnson Redhead
									11 Other (specify) Wellpoint
									12 None used (open hole)
Screen or Perforation Openings Are:									
1 Continuous slot			3 Mill slot			5 Gauzed wrapped			8 Saw cut
2 Louvered shutter			4 Key punched			6 Wire wrapped			9 Drilled holes
						7 Torch cut			10 Other (specify)
11 None (open hole)									
Screen-Perforation Dia <u>1.25</u> in. to ft. Dia in. to ft. Dia in. to ft.									
Screen-Perforated Intervals: From <u>92</u> ft. to <u>95</u> ft. From ft. to ft. From ft. to ft.									
Gravel Pack Intervals: From ft. to ft. From ft. to ft. From ft. to ft.									
From ft. to ft. From ft. to ft. From ft. to ft.									
5 GROUT MATERIAL:									
1 Neat cement			2 Cement grout			3 Bentonite			4 Other
Grouted Intervals: From <u>0</u> ft. to <u>5</u> ft. From ft. to ft. From ft. to ft.									
What is the nearest source of possible contamination:									
1 Septic tank			4 Cess pool			7 Sewage lagoon			10 Fuel storage
2 Sewer lines			5 Seepage pit			8 Feed yard			11 Fertilizer storage
3 Lateral lines			6 Pit privy			9 Livestock pens			12 Insecticide storage
									13 Watertight sewer lines
									14 Abandoned water well
									15 Oil well/Gas well
									16 Other (specify below)
Direction from well How many feet ? Water Well Disinfected? Yes No <u>X</u>									
Was a chemical/bacteriological sample submitted to Department? Yes No <u>X</u> If yes, date sample									
was submitted month day year: Pump Installed? Yes No <u>X</u>									
If Yes: Pump Manufacturer's name Model No. HP Volts									
Depth of Pump Intake ft. Pumps Capacity rated at gal./min.									
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other									
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was									
completed on <u>9</u> month <u>12</u> day <u>79</u> year									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>Wichita Water Dept.</u>									
This Water Well Record was completed on <u>10</u> month <u>21</u> day <u>81</u> year under the business									
name of <u>Equus Beds GMD #2</u> by (signature)									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
									
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG									
<u>0</u> <u>4</u> <u>Top soil</u>									
<u>4</u> <u>38</u> <u>Clay- red, tan</u>									
<u>38</u> <u>45</u> <u>Layers of fine sand & clay</u>									
<u>45</u> <u>69</u> <u>Fine sand</u>									
<u>69</u> <u>80</u> <u>Clay - tan</u>									
<u>80</u> <u>95</u> <u>Sand med. - white</u>									
<u>EB-30A</u>									
ELEVATION:									
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed)									
INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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EW

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