

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: _____

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

County: _____

Location ~~changed to~~:

18-225-3 W

SE NE NE

Other changes: Initial statements: _____

Changed to: _____

Comments: Latitude = 38.142092° N., Longitude = 97.685195° W.

verification method: GPS coordinates & quarter calls taken from
KGS WIZARD database.

initials: ORL date: 7/3/2006

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: HARVEY		SE 1/4 NE 1/4 NE 1/4	18		T 22 S	R 3 E/W
Distance and direction from nearest town or city street address of well if located within city? 7 3/4 MILES NORTH AND 1 MILE WEST OF BURRTON, KANSAS						
2 WATER WELL OWNER: EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2						
RR#, St. Address, Box # : 313 SPRUCE				Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : HALSTEAD KS 67056-1925				Application Number: N/A		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 148 ft. ELEVATION: N/A				
<div style="text-align: center;"><p>1 Mile</p></div>		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.				
		WELL'S STATIC WATER LEVEL 23.0 ft. below land surface measured on mo/day/yr 3/24/93				
		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 4 in. to 148 ft., and in. to ft.				
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
1 Domestic WAS 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)						
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well EB36B						
Was a chemical/bacteriological sample submitted to Department? Yes.....No NO; 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 X Clamped	
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded	
			7 Fiberglass		Threaded	
Blank casing diameter 2 in. to 145 ft., Dia. in. to ft., Dia. in. to ft.						
Casing height above land surface 3 FT BELOW in., weight lbs./ft. Wall thickness or gauge No. SCH40						
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 145 ft. to 148 ft., From ft. to ft.						
From ft. to ft., From ft. to ft.						
GRAVEL PACK INTERVALS: From N/A ft. to 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 5 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		
Direction from well? northwest				How many feet? approximately 600 ft.		
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS
				148	2	BENTONITE GROUT (HOLEPLUG)
				2	0	TOPSOIL
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/year) 3/24/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/yr) 3/26/93 under the business name of EQUUS BEDS GROUNDWATER MGMT DIST NO 2 by (signature) <i>Donald R. ...</i>						
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.						