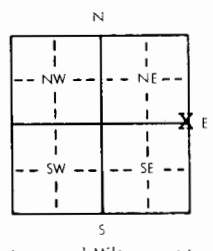
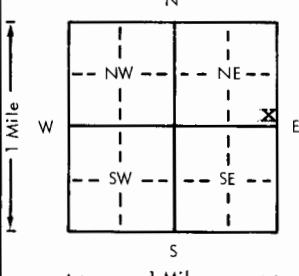


1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number		
County: Harvey		NCO <input checked="" type="checkbox"/> E side <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	20	T 22 S	R 3 <input checked="" type="checkbox"/> W		
Distance and direction from nearest town or city? 6 1/2 miles north of Burrton			Street address of well if located within city?				
2 WATER WELL OWNER: Equus Beds Groundwater Management District #2							
RR#, St. Address, Box # : 243 Main			Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Halstead, Kansas 67056			Application Number:				
3 DEPTH OF COMPLETED WELL: 120 ft. Bore Hole Diameter: 4.0 in. to 118 ft., and _____ in. to _____ ft.							
Well Water to be used as:							
1 Domestic		3 Feedlot	5 Public water supply	8 Air conditioning	11 Injection well		
2 Irrigation		4 Industrial	6 Oil field water supply	9 Dewatering	12 Other (Specify below)		
		7 Lawn and garden only	10 Observation well				
Well's static water level: 13.22 ft. below land surface measured on 1 month _____ day 81 year							
Pump Test Data: _____ Well water was _____ ft. after _____ hours pumping _____ gpm							
Est. Yield _____ 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	Casing Joints: Glued <input checked="" type="checkbox"/> Clamped _____		
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____		
			7 Fiberglass		Threaded _____		
Blank casing dia: 2.0 in. to 117 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	8 RMP (SR)	10 Asbestos-cement Johnson Red-head Wellpoint		
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-Perforation Dia: 1.25 in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.							
Screen-Perforated Intervals: From 117 ft. to 120 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
Gravel Pack Intervals: 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 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 Cess pool	7 Sewage lagoon	10 Fuel storage	14 Abandoned water well		
2 Sewer lines		5 Seepage pit	8 Feed yard	11 Fertilizer storage	15 Oil well/Gas well		
3 Lateral lines		6 Pit privy	9 Livestock pens	12 Insecticide storage	16 Other (specify below)		
				13 Watertight sewer lines			
Direction from well: _____ How many feet: _____ ? Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>							
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, date sample was submitted: _____ month _____ day _____ year: Pump Installed? Yes _____ No <input checked="" type="checkbox"/>							
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 _____ month _____ day _____ year.							
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Wichita Water Dept.							
This Water Well Record was completed on _____ month _____ day _____ year under the business name of _____ by (signature)							
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		0	4	Top Soil			
		4	35	Clay-brown to gray			
		35	40	Sand & gravel-whitegray			
		40	50	Sand & gravel-white			
		50	80	Sand, med. to fine			
		80	113	Sand & clay layers			
		113	118	Sand & gravel-red white			EB - 29B
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.							

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:		County Harvey	Fraction SE 1/4 SE 1/4 NE 1/4	Section number 20	Township number T 22 S R 3 E	Range number W
2. Distance and direction from nearest town or city: 6 1/2 mi. north of Burrton Street address of well location if in city:				3. Owner of well: Equus Beds GMD #2 R.R. or street: 243 Main City, state, zip code: Halstead, Ks. 67056		
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 				6. Bore hole dia. 4 in. Completion date 8/23/79 Well depth 118 ft.		
5. Type and color of material				7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other		
				9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 18 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 2 in. to 115 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. Sch 40		
				10. Screen: Manufacturer's name Johnson Type wellpoint Dia. 1.25 in. Slot/gauze 10 Length 36 Set between 115 ft. and 118 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? no Size range of material <input type="checkbox"/>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>		
(Use a second sheet if needed)				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
				15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 5 ft.		
				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Equus Beds GMD #2 Business name License No. Address 243 Main, Halstead, Ks. Signed Thomas C. Tell Date 12/6/79 Authorized representative		
				18. Elevation:		
				19. Remarks: EB-29B		
				Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		