

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

(to rectify lacking or incorrect information)

County: Harvey

Location listed as:

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

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

Location changed to:

17-22 S-3 W

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: DRK 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.

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 17	Township number T 22 S R 3 E	Range number W
2. Distance and direction from nearest town or city: 7 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:		Sketch map:		6. Bore hole dia. <u>4</u> in. Completion date 9/12/79 Well depth <u>95</u> ft.	
		7. 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 _____ Height: Above or below Threaded _____ Welded _____ Surface <u>24</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>2</u> in. to <u>92</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Sch 40	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Johnson
Top soil			0	4	Type wellpoint Dia. <u>1.25</u> in.
Clay red - tan			4	38	Slot/gauze <u>10</u> Length <u>36</u>
Layers of fine sand & clay			38	45	Set between <u>92</u> ft. and <u>95</u> ft.
Fine sand			45	69	Gravel pack? no Size range of material _____
Clay tan			69	80	11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____
Sand medium - white			80	95	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
					14. Well head completion: _____ Pitless adapter _____ Inches above grade
					15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>5</u> ft.
					16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
					17. Pump: <input checked="" type="checkbox"/> Not installed
					Manufacturer's name _____
					Model number _____ HP _____ Volts _____
					Length of drop pipe _____ ft. capacity _____ g.p.m.
					Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: ____ Hill ____ Slope ____ Upland ____ Valley	EB-30A		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. Bell Date 12/6/79 Authorized representative		

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5