WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Harvey	NE ¼ NE ¼ NE ¼	19	T 22 S	R 3 E/W

Distance and direction from nearest town or city street address of well if located within city?

5 miles east, 1 mile south of Buhler

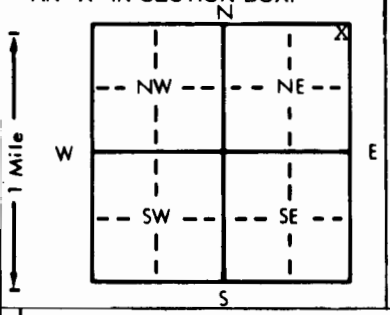
2 WATER WELL OWNER: Equus Beds GMD #2

RR#, St. Address, Box # : 243 Main

City, State, ZIP Code : Halstead, Kansas 67056

Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL 80 ft. ELEVATION:

Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.

WELL'S STATIC WATER LEVEL 13.97 ft. below land surface measured on mo/day/yr 1/81

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 4.0 in. to 80 ft., and ..... in. to ..... ft.

WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Observation well 11 Injection well 12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No X

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)

CASING JOINTS: Glued X Clamped ..... Welded ..... Threaded .....

Blank casing diameter 2.0 in. to 77 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 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 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 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From 77 ft. to 80 ft., From ..... ft. to ..... 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.

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 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top soil			
3	36	Clay - brown to gray			
36	40	Fine sand			
40	42	Clay - gray			
42	53	Sand & Gravel - white			
53	71	Clay - tan			
71	80	Sand & Gravel - yellow, white			EB-35B
80		Caly			

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) 10-26-79 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 (mo/day/yr) 10-23-81 under the business name of Equus Beds GMD #2 by (signature)

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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼

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

WATER WELL RECORD
KSA 82a-1201-1215

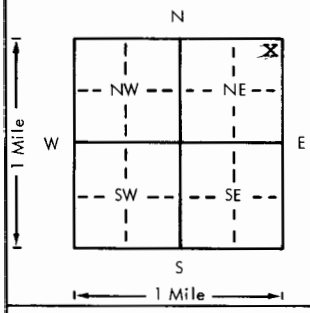
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Harvey	NE 1/4 NE 1/4 NE 1/4	19	T 22 S	R 3 E (W)

2. Distance and direction from nearest town or city:
7 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. 4 in. Completion date 10/26/79
Well depth 80 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water X Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface 24 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 2 in. to 77 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. Sch 40

5. Type and color of material	From	To
Top soil	0	3
Clay brown to gray	3	36
Fine sand	36	40
Clay gray	40	42
Sand & gravel white	42	53
Clay tan	53	71
Sand & gravel yellow - white	71	80
Clay	80	
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Johnson
Type wellpoint Dia. 1.25 in.
Slot/gauze 10 Length 36
Set between 77 ft. and 80 ft.
____ ft. and ____ ft.
Gravel pack? no Size range of material ____

11. Static water level: mo./day/yr.
____ ft. below land surface Date ____

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 X No Date ____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 5 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ____ Yes X No

17. Pump: X 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

18. Elevation:

Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks:
EB-35B

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

T 22 R 3 E (W) Sec 19 1/4 1/4 1/4 NE NW

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

Form WWC-5