

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: _____

18-225-3W

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

NW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: Latitude = 38.136793° N., Longitude = 97.700974° W.

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

initials: DRF 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: County: HARVEY	Fraction NW 1/4 NW 1/4 SW 1/4	Section Number 18	Township Number 22	Range Number 3W
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Distance and direction from nearest town or city street address of well if located within city?
4 MILES EAST AND 1/2 MILE SOUTH OF BUHLER, KS

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** Application Number: **N/A**

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

N		W		E	
NW		NE			
SW		SE			
S		W		E	

S

4 DEPTH OF WELL...**69.5**.....ft.
WELL'S STATIC WATER LEVEL...**19.9**.....ft.
WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well EB41A
3 Feedlot	7 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No...**X**
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	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter...**2**.....in. Was casing pulled? Yes..... No...**X** If yes, how much.....
Casing height above or below land surface...**30**.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From **69.5**ft. to **2.5**ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	*NONE WITHIN
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	1500 FEET

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
69.5	2.5	BENTONITE HOLEPLUG
2.5	0	TOPSOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **12/20/94** 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/year) **12/20/94** under the business name of **EQUUS BEDS GMD2** by (signature) *[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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.