

County: Harvey Fraction NW NW NW Sec. 23 T 23 S R 3 E (W)

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)  
(to rectify lacking or incorrect information)

Owner: Equus Beds GMD

Location was listed as:

Location changed to:

Section-Township-Range: 23-23S-2W

23-23S-3W

Fraction (1/4 1/4 1/4): NW NW NW

NW NW NW

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: Written description, pers. comm. from  
Brownie Wilson, <sup>(KGS)</sup> and mapping tool on KGS website.

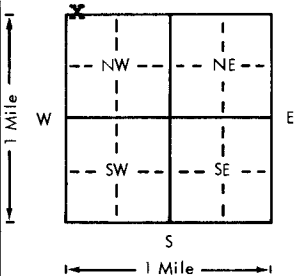
initials: DR date: 8/4/2015

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

X Location of well:		County <b>Harvey</b>	Fraction <b>NW 1/4 NW 1/4 NW 1/4</b>	Section number <b>23</b>	Township number <b>T 23</b>	Range number <b>S R 2 E/W</b>
2. Distance and direction from nearest town or city: <b>2 miles northeast of Burrton, 1 North</b>			3. Owner of well: <b>Equus Beds GMD</b> R.R. or street: <b>Box 232</b> City, state, zip code: <b>Halstead, Ks 67056</b>			
4. Locate with "X" in section below: 			Sketch map:			6. Bore hole dia. <b>4</b> in. Completion date <b>6/77</b> Well depth <b>47.5</b> ft.
5. Type and color of material  <b>Log not available</b>			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 checked="" 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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other			
			9. Casing: Material <b>steel</b> Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface <b>3.01</b> ft. in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight: <input type="checkbox"/> lbs./ft. Dia. <b>1.25</b> in. to <b>44.5</b> ft. depth <input checked="" type="checkbox"/> Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <input type="checkbox"/>			
			10. Screen: Manufacturer's name <b>Johnson</b> Type <b>wellpoint</b> Dia. <b>1.25</b> in. Slot/gauze <b>10</b> Length <b>36</b> in. Set between <b>44.5</b> ft. and <b>47.5</b> ft. Gravel pack? <b>no</b> Size range of material <input type="checkbox"/>			
			11. Static water level: <b>9.09</b> ft. below land surface Date <b>8/28/78</b> mo./day/yr.			
			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: <input type="checkbox"/> Pitless adapter ____ Inches above grade <input checked="" type="checkbox"/> Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>2</b> 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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation: <b>1450 ft.</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: <b>EB - 17A</b>		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. <b>Equus Beds GMD</b> Business name <b>Box 232, Halstead, Ks</b> License No. ____ Address <b>Thomas C. Seals</b> Date <b>8/16/79</b> Signed <b>Thomas C. Seals</b> Authorized representative		

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

Form WWC-5