

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: 26-235-2W

26-235-3W

Fraction (1/4 1/4 1/4): SW SW SW

SW SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Personal communication from Don Whittemore, \$/locations given for plugging record and replacement wells at this same location.

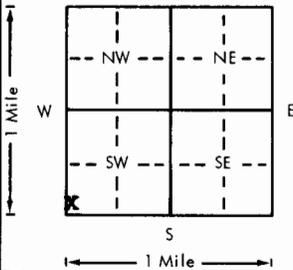
initials: DRJ date: 2/24/2011

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

Location of well:	County Harvey	Fraction SW 1/4 SW 1/4 SW 1/4	Section number 26	Township number T 23 S R 2 E/W	Range number
2. Distance and direction from nearest town or city: 2 miles east of Burrton, 1 South			3. Owner of well: Equus Beds GMD R.R. or street: Box 232 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 8/9/78 Well depth 99.5 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 _____ Height: Above or below Threaded _____ Welded _____ Surface 2.57ft. in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 2 in. to 96.5 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. Sch 40		
			10. Screen: Manufacturer's name Johnson Type wellpoint Dia. 1.25 in. Slot/gauze 10 Length 36 in. Set between 96.5 ft. and 99.5 ft. ft. and _____ ft. Gravel pack? no Size range of material _____		
			11. Static water level: _____ mo./day/yr. 14.02 ft. below land surface Date 8/28/78		
			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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade <input checked="" type="checkbox"/> Well grouted? yes <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From 0 ft. to 2 ft.		
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			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		
			(Use a second sheet if needed)		
18. Elevation: 1440 ft. Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: EB - 15B		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 Business name _____ License No. _____ Address Box 232, Halstead, Ks Signed Thomas C. Jella Date 11/16/79 Authorized representative	