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

(to rectify lacking or incorrect information)

| LOCATION OF WATER WELL: County: Harvey | Fraction: NW ¼ SW ¼ SW ¼ SW ¼ | Section: 10 | Township: T 23 S | Range: R 3 ☐E ☒W |
|---|---|---|---|---|

**Owner:** Equus Beds Groundwater Management

| **Location was listed as:** | **Location changed to:** |
|---|---|
| **Sec.** ____ **T** ____ **S** **R** ____ ☐E ☐W | **Sec.** ____ **T** ____ **S** **R** ____ ☐E ☐W |
| **Fraction:** ____ SW SW NW | **Fraction:** NW SW SW SW |

**Other changes:** Initial statements: ____

Changed to: ____

Comments: Quarter calls reversed

Verification method: KGS was notified by USGS to reverse quarter calls on constructed record

initials: DRL date: 2-24-2016

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.

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

1 LOCATION OF WATER WELL: County: Harvey | Fraction: SW ¼ SW ¼ NW ¼ | Section Number: 10 | Township Number: T 23 S | Range Number: R 3 E/W

Distance and direction from nearest town or city? 2 miles north, 1 mile east, 1/4 mile north of Burrton

Street address of well if located within city?

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 DEPTH OF COMPLETED WELL 136 ft. Bore Hole Diameter 4.0 in. to 145 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)

Well's static water level 54.04 ft. below land surface measured on 12 month 15 day 81 year

Pump Test Data: Well water was ____ ft. after ____ hours pumping ____ gpm

Est. Yield ____ gpm: Well water was ____ ft. after ____ hours pumping ____ gpm

OFFICE USE ONLY T R E/W SEC.

4 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 dia 2.0 in. to 133 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-Perforation Dia 1.25 in. to ____ ft., Dia ____ in. to ____ ft., Dia ____ in to ____ ft.

Screen-Perforated Intervals: From 133 ft. to 136 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.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ____

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

Direction from well ____ How many feet ____ ? Water Well Disinfected? Yes ____ No X

Was a chemical/bacteriological sample submitted to Department? Yes ____ No X : If yes, date sample was submitted ____ month ____ day ____ year: Pump Installed? Yes ____ No X

If Yes: Pump Manufacturer's name ____ Model No. ____ HP ____ Volts ____

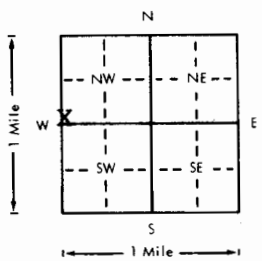
Depth of Pump Intake ____ ft. Pumps Capacity rated at ____ gal./min.

Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 7 month 29 day 81 year, 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 10 month 21 day 81 year under the business name of Equus Beds GMD #2 by (signature)

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




ELEVATION:

| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|---|---|---|---|---|---|
| 0 | 3 | Top soil | | | |
| 3 | 45 | Silty blow sand - red | | | |
| 45 | 86 | Clay - tan,red | | | |
| 86 | 117 | Fine to med.sand - white | | | |
| 117 | 121 | Sand & Clay layers | | | |
| 121 | 126 | Clay - gray | | | |
| 126 | 137 | Sand & Gravel - white | | | EB-21B |
| 137 | 145 | Clay - green | | | |

Depth(s) Groundwater Encountered 1 ____ ft. 2 ____ ft. 3 ____ ft. 4 ____ ft. (Use a second sheet if needed)

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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.