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

(to rectify lacking or incorrect information)

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

Owner: Equus Beds Groundwater Management District #2

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

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: KGS was notified by USGS to fix quarter call 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 105 ft. Bore Hole Diameter 4.0 in. to 117 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 54.20 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

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 102 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 102 ft. to 105 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 .....

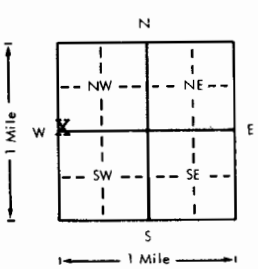
Depth of Pump Intake ..... ft. Pumps Capacity rated at ..... gal./min.

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 30 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			
86	117	Fine to med. sand			
					EB-21A

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.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼