

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: 34-23S-3W

34-23S-3W

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): NW NW SW

SW NW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Personal communication with GMD 2 manager.

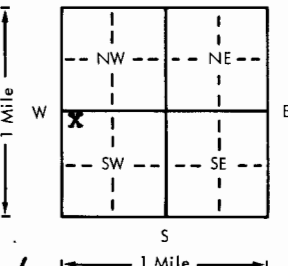
initials: DR date: 5/26/2006

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.

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

| | | | | | |
|--|--------------------------------|---|---|--------------------------------|----------------------------------|
| 1. Location of well: | County Harvey | Section NW NW SW NE 1/4 NE 1/4 SE 1/4 | Section number 34 | Township number T 23 | Range number S R 3 E/W |
| 2. Distance and direction from nearest town or city: 1 mile southeast of Burrton Street address of well location if in city: | | | 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: Sketch map:  | | | 6. Bore hole dia. 4 in. Completion date 4/5/78 Well depth 38.5 ft. | | |
| X Type and color of material Log not available | | | 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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other | | |
| | | | 9. Casing: Material STEEL Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 1.42 ft. in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 1.25 in. to 35.5 ft. depth <input checked="" type="checkbox"/> All Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/> | | |
| | | | 10. Screen: Manufacturer's name Johnson Type wellpoint Dia. 1.25 in. Slot/gauze 10 Length 36 in. Set between 35.5 ft. and 38.5 ft. ft. and <input type="checkbox"/> ft. Gravel pack? no Size range of material <input type="checkbox"/> | | |
| | | | 11. Static water level: <input type="checkbox"/> mo./day/yr. 11.28 ft. below land surface Date 8/28/78 | | |
| | | | 12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m. | | |
| | | | 13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> | | |
| | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | | |
| | | | 15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 2 ft. | | |
| | | | 16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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: 1442 ft. | 19. Remarks: EB - 8A | | 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 <input type="checkbox"/> License No. <input type="checkbox"/> Address Box 232, Halstead, Ks Signed Thomas C. Sell Date 1/16/79 Authorized representative | | |

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

Form WWC-5