

**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.

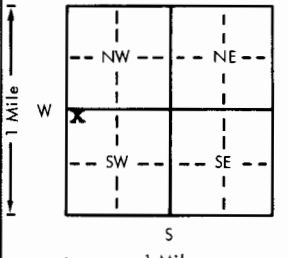
initials: DR date: 5/26/2006

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 <b>Harvey</b>	Fraction <b>NW 1/4 NW 1/4 SW 1/4</b>	Section number <b>34</b>	Township number <b>T 23</b>	Range number <b>S R 3 E/W</b>
2. Distance and direction from nearest town or city: <b>1 mile southeast of Burrton</b> Street address of well location if in city:			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: N W E S 1 Mile			Sketch map: 		
X Type and color of material <div style="font-size: 2em; font-family: cursive;">Log not available</div>			6. Bore hole dia. <u>4</u> in. Completion date <u>7/78</u> Well depth <u>130</u> ft.		
			7. <input checked="" 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 <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>2.43 ft.</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>2</u> in. to <u>127</u> ft. depth; Wall Thickness: inches or Dia. <u>2</u> in. to <u>127</u> ft. depth; gage No. <u>Sch 40</u>		
			10. Screen: Manufacturer's name <u>Johnson</u> Type <u>wallpoint</u> <input checked="" type="checkbox"/> <u>1.25 in.</u> Slot/gauze <u>10</u> Length <u>36 in.</u> Set between <u>127</u> ft. and <u>130</u> ft. _____ ft. and _____ ft. Gravel pack? <u>no</u> Size range of material _____		
			11. Static water level: <u>11.94</u> ft. below land surface Date <u>8/28/78</u> 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		
			15. Well grouted? <u>yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>2</u> 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>1442 ft.</b> Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>EB - 8B</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 _____ License No. _____ Address <b>Box 232, Halstead, Ks</b> Signed <u>Thomas C. Self</u> date <u>1/16/79</u> Authorized representative		

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

Form WWC-5