

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

(to rectify lacking or incorrect information)

LOCATION OF WATER WELL:	Fraction	Section	Township	Range
County: <u>Harvey</u>	<u>NW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>10</u>	<u>T</u> <u>23</u> <u>S</u>	<u>R</u> <u>3</u> ☐ E ☒ W

Owner: Equus Beds Groundwater Management

Location was listed as:

Sec. _____ T _____ S R _____ ☐E ☐W

Fraction: _____ SW SW SW

Location changed to:

Sec. _____ T _____ S R _____ ☐E ☐W

Fraction: NW SW SW SW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: KGS was notified by USGS to add fourth quarter call on plugging 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.

LOCATION OF WATER WELL: HARVEY	Fraction SW ¼ SW ½ SW ¼	Section Number 10	Township Number 23 SOUTH	Range Number 03 WEST
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Distance and direction from nearest town or city street address of well if located within city?

APPROXIMATELY 1 MILE EAST AND 2 MILES NORTH OF BURRTON, KS

WATER WELL OWNER:

EQUUS BEDS GROUNDWATER MANAGEMENT

RR#, St. Address, Box #:

DISTRICT NO. 2

Board of Agriculture, Division of Water Resources

313 SPRUCE STREET

City, State, ZIP Code:

HALSTEAD, KS 67056

Application Number:

MARK WELL'S LOCATION WITH
AN "X" IN SECTION BOX

N	
X	
S	

DEPTH OF WELL 137 ft.

WELL'S STATIC WATER LEVEL 58.9 ft.

WELL WAS USED AS:

- | | | |
|--------------|--------------------------|-----------------------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well – EB21B |
| 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other |

Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

If yes, mo/day/yr sample was submitted : / /

WaterWell Disinfected: Yes ☒ No ☐

TYPE OF BLANK CASING USED:

- | | | | | |
|--------------|------------|-------------------|-----------------|---------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter 2.0 in.

Was casing pulled? Yes ☐ No ☒ if yes, how much 0.0 ft bls

Casing height above or below land surface 3 feet.

GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other

Grout Plug Intervals: From 137 ft. to 3 ft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|-------------------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel Storage | 16 Other – grazing livestock |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well / Gas well | |

Direction from well?

West

How many feet? approximately 70 ft.

FROM	TO	PLUGGING MATERIALS
137	3	Bentonite, HolePlug
3	0	Topsoil

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11 / 30 / 2009 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA under the business name of Equus Beds GMD2

by (signature) *Tim Boer* *GMD2* *12-22-2009*

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, and underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.