Corrected

| 1 LOCAT | ION OF WA | TER WELL: | Fraction NE 1/4 | NE 1/4 | NE 1/4 | Section 25 | Number | Township I | lumber SOUTH | Range N 4 WES | | |
|---|-------------|-----------------------|--|--|---------------------------------|--|--|--|---|---|--|--|
| Distance and direction from nearest town or city street address of well if located within city? EB4AA IS LOCATED 30 FEET SOUTH AND 30 FEET WEST OF WOODBERRY ROAD AND BLANCHARD AVE. INTERSECTION | | | | | | | | | | | | |
| 2 WATER WELL OWNER: EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT RR#, St. Address, Box #: 313 SPRUCE STREET Board of Agriculture, Division of Water Resources City, State, ZIP Code HALSTEAD, KS 67056 Application Number: N/A | | | | | | | | | | | | |
| | TE WELL'S I | OCATION CTION BOX: | | | PLETED WELL 5 er Encountered | | feet 2 | ELE feet | NOITAVE 3 | l: feet feet | | |
| | w | N mile S | Estima Bore WELL WA' 1 Dome 2 Irriga Was a che | Pump to ated Yield Hole Diame TER IS USE estic [ation [ation]] | gpm: We ster 6.0 inch | ell water well water wat | as and ablic water I field water wn and ga | r supply ☐ ! rden only ☑1 ment? NO; If | hrs p hrs p feet 3 Air cor 9 Dewat 0 Monit yes, who | oumping umping nditioning 11 ering 12 oring welL EB | gpm gpm Injection Other (specify below) | |
| 5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Welded Threaded | | | | | | | | | | | | |
| 6 GROU | Γ MATERIAL | .: 1 N | From eat cement [| feet | 2 Cement gr | et, From out | | eet to Bentonite | feet 4 Oth | ner 🔲 —— | | |
| Grout Intervals: From 3) 35 feet to 0 feet , From feet to feet What is the nearest source of possible contamination: 10 Livestock pens | | | | | | | | | | | | |
| FROM 0.0 | 3 | | <u>сп'ного</u> rown, sili | GIC LOG | | FROM | | | UI | HOLOGIC LO | 3 | |
| 3.0 | 8 | CLAY, b | | Ly | | | | | | <u></u> | | |
| 8.0 | 51 | | an-orange | e,med to | coarse | . | | | | | * *** | |
| 51 | 53 | CLAY, ta | in-gray | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | ······································ | | | | | | | | |
| | | | | | | | | | | <u></u> | | |
| | | | | | | | | | | | | |
| | | | | | | | , | | | | | |
| | | | | | | | | ļ | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| OWNER'S CERTIFICATION: This water well was constructed on 10/24/00(mo/day/year under my jurisdiction and this record is true to the best of my knowledge and belief. This Water Well Record was completed on 2/8/01(mo/day/year) under the basiness name of Equus | | | | | | | | | | | | |
| Beds Groundwater Management District No. 2. Kansas Water Well License No. not applicable. | | | | | | | | | | | | |
| | | | | | | | | (Signature and | t Title) | | | |

| | | WA | ATER WELL RE | CORD Form WWC | | 2a-1212 IE | | | | | |
|--|---------------------------|-----------------|----------------------------|-------------------------------|----------------------------------|---------------|--------------------------------------|--------------------------|---|-------------------|--|
| | Γ | ATER WELL: | Fraction | | | tion Numbe | ' | umber | Range Nu | _ | |
| | Keno | | NE 1/4 | | | <u> </u> | <u> </u> | S | R 4 | | |
| Distance a | _ | | · | et address of well if loca | 1 | y? | | | | | |
| | | | | ton So Sia | <u>l-L</u> | | | | | | |
| 2 WATER | WELL OV | WNER : GMD | , a | | | | | | | | |
| RR#, St. A City, State, | | 0x# 3135P | | 1700 | | | | | Division of Water | | |
| | | | tead KS | COMPLETED WELL. | 50 | 4 FL F\ | /ATIONI: | <u>Z</u> | 207 A | | |
| | IN SECTION | | Depth(s) Grour | ndwater Encountered | 1 ð | 1 | it. 2 | ft. 3. | | ft. | |
| <u> </u> | Y | <u> </u> | | C WATER LEVEL . 8 | | | | | | | |
| | - NW | NE | Est. Yield | mp test data: Well water | er was | ٦ft. | after | hours p | oumping | gpm | |
| ₩ W | <u> </u> | E | WELL WATER | TO BE USED AS: 5 | Public water : | supply | 8 Air conditioning | 11 lr | njection well | | |
| | - SW | SE | 1 Domestic 2 Irrigation | | Oil field water Domestic (law | | 9 Dewatering 10 Monitoring well . | | Other (Specify be | | |
| | 1 | 1 | Was a chemical | /bacteriological sample su | ubmitted to Dep | | | - | | | |
| 5 TYPE C | SF BLANK | CASING USED: | mitted | 5 Wrought iron | 8 Concre | | ter Well Disinfected? CASING JOI | | ed. X Clamp | NoX ped | |
| 1 Stee | | 3 RMP (S | | 6 Asbestos-Cement | 9 Other | (specify bel | | | led | | |
| 2 PVC | | 4 ABS | • • | 7 Fiberglass | | | | | aded | | |
| Blank cas | ing diamet | | | Ŏ ft., Dia | | | | | | | |
| Casing he | eight above | e land surface | .36 | in., weight Sec . | 4Q | ib: | s./ft. Wall thickness o | or gauge N | lo | • • • • • • • • • | |
| TYPE OF | SCREEN | OR PERFORA | TION MATERIAL | _: | Z.PV(| | | estos-cem | | | |
| 1 Stee | | 3 Stainles | | 5 Fiberglass | 8 RM | | | | • | | |
| 2 Bras | | 4 Galvani | | 6 Concrete tile | 9 ABS | | | e used (op | • | | |
| | | FORATION OPE | NINGS ARE: Iill slot | | zed wrapped wrapped | | | | 11 None (open hole) | | |
| I | tinuous slo vered shut | | (ey punched | 7 Torc | | | 10 Other (specify | 0 | | ft. | |
| l . | | | | 1.0 ft. to | | ft Fro | , , , , | | | | |
| SCHEEN | -renron/ | AIED INTERVA | From | ft. to | | | | | | | |
| | GRAVEL | PACK INTERVA | | 5 ft. to . 3 | 50 | ft., Fro | m | ft. t | 0 | ft. | |
| | | | From | ft. to | | ft., Fro | m | ft. t | o <i></i> | ft. | |
| 6 GROUT | MATERIA | AL: 1 Neat o | ement | 2 Cement grout | 3 Benton | jte 4 | 4 Other | | | | |
| ⊢ —' | ervals: Fr | | <i>^</i> | ft., From | | | | | | | |
| What is th | ne nearest | | ble contaminatio | | | | estock pens | | bandoned water | | |
| 1 Septic tank 4 Lateral lines | | | | 7 Pit privy | | 11 Fue | l storage | 15 O | Oil well/Gas well | | |
| 2 Sew | er lines | 5 Cess | s pool | 8 Sewage | lagoon | 12 Fer | tilizer storage | 16 Other (specify below) | | | |
| 3 Watertight sewer lines 6 Seepage pit | | | | 9 Feedya | - | | ecticide storage | | NA | | |
| l | from well? | | | | | How m | any feet? | | | | |
| FROM | ТО | | LITHOLOGIC L | OG | FROM | ТО | | GGING IN | ITERVALS | | |
| 0 | 3 | TS | | | | | | | | | |
| | | | | | | | | | ··· ··· · · · · · · · · · · · · · · · | | |
| 3 | 8 | Clay | | | | | | | | | |
| 8 | 30 | Med 3 | Sand | | | | | | | | |
| | | | | | | | | | | | |
| 30 | 332 | Clay | | | | | | | | | |
| 32 | 5c | Med Sa | nd | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 CONTR | ACTOR'S | OR LANDOWNE | R'S CERTIFICA | TION: This water well w | as (1) constru | ucted, (2) re | econstructed, or (3) p | lugged und | der my jurisdiction | on and was | |
| | | y/year) i O - 2 | | | | | | | | | |
| | | | | This Water W | | | | | | | |
| • | | | vers Dri | | | | signature) | 10 1 | Pa - | | |
| | | | | RMLYand PRINT clearly. Please | fill in blanks. unde | | 1110 | three copies to | Kansas Department n | of Health and | |
| | | 2. 2 pann pan | | | | | | | | | |

Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.