


7. OWNER'S CERTIFICATION: This water well was constructed on 9/27/00(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 business name of Equus Beds Groundwater Management District No. 2. Kansas Water Well License No. not applicable. 
(Signature and Title)

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Reno		SE ¼ SE ¼ SE ¼	25	T 23 S	R 4 EW
Distance and direction from nearest town or city street address of well if located within city? 2mi west of Burdett 1.5m west Side					
2 WATER WELL OWNER GMD2 RR#, St. Address, Box # 313 Spruce City, State, ZIP Code Halstead KS 67056 <div style="text-align: right;">Board of Agriculture, Division of Water Resources Application Number: EB 3A</div>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="margin-top: 10px; width: 150px; height: auto; position: relative;"><div style="position: absolute; left: -40px; top: 50%; transform: translateY(-50%); white-space: nowrap;">N ↑ 1 Mile ↓ W</div><div style="border: 1px solid black; padding: 5px; margin-left: 10px;"><div style="display: flex; justify-content: space-between;"><div>-- NW --</div><div>-- NE --</div></div><div style="display: flex; justify-content: space-between;"><div>-- SW --</div><div>-- SE --</div></div><div style="position: absolute; bottom: 10px; right: 10px;">S → X ← E</div></div></div>		4 DEPTH OF COMPLETED WELL 35 ft. ELEVATION: Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL 7.....ft. below land surface measured on mo/day/yr 9-27-00 Pump test data: Well water was NA.....ft. after hours pumping gpm Est. Yield NA.....gpm: Well water was NA.....ft. after hours pumping gpm Bore Hole Diameter 6.....in. to 35.....ft., and.....in. to.....ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter .2.....in. to 25.....ft., Dia .8.....in. to.....ft., Dia.....in. to.....ft. Casing height above land surface .36.....in., weight Sec 40.....lbs./ft. Wall thickness or gauge No..... TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut SCREEN-PERFORATED INTERVALS: From 25.....ft. to 35.....ft., From.....ft. to.....ft. From.....ft. to.....ft., From.....ft. to.....ft. GRAVEL PACK INTERVALS: From 20.....ft. to 35.....ft., From.....ft. to.....ft. From.....ft. to.....ft., From.....ft. to.....ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From 0.....ft. to 20.....ft., From.....ft. to.....ft., From.....ft. to.....ft.					
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)					
Direction from well? How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TS			
3	6	Clay			
6	35	med Sand			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9-27-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 537 This Water Well Record was completed on (mo/day/yr) 11-20-00 under the business name of Flowers Drilling by (signature) Mike Flowers					
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, 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.					