| W | TER WE | LI. PLI | IGGING R | RECORD | Form WW | /C-5P | KSA 82 | я - 1212 | ID NO. | EB 239A | |
|--|--|---------|------------|-----------|---------|---------|--------|-----------------|--------|--|--|
| 1 | LOCATION | OF WATE | | Fraction | | Section | Number | Township | Number | Range Number | |
| | Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here Approximately 670 ft. south and Global Positioning Systems (GPS) information: Latitude: 38.02667 (in decimal degrees) Longitude: -97.86674 (in decimal degrees) Elevation: | | | | | | | | | (in decimal degrees) (in decimal degrees) | |
| 100 ft. west of the intersection of US-50 and Yoder Road Datum: WGS84, NAD83, NAD27 Collection Method: | | | | | | | | | | | |
| 2 | WATER WELL OWNER: EQUUS BEDS GMD2 RR#, St. Address, Box #: 313 SPRUCE STREET City, State ZIP Code: HALSTEAD, KS 67056 Garmin GPSmap 60CSx Topographic Map, Land Su Est. Accuracy: 3 m, 3-5 m, 5-15 m, | | | | | | | | | ap, Land Survey | |
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N | | | | | | | | | | |
| W | | | | | | | | | | | |
| 5 | TYPE OF BLANK CASING USED: | | | | | | | | | | |
| | Steel RMP (SR) Wrought Fiberglass Other (Specify below) Asbestos-Cement Concrete Tile | | | | | | | | | | |
| Blank casing diameter 2 in. Was casing pulled? Yes No V If yes, how much Casing height above or below land surface below 60 in. | | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: □ Neat cement □ Cement grout □ Bentonite □ Other Grout Plug Intervals: From 49 ft. to 5 ft., From ft. to ft., From to ft. | | | | | | | | | | | |
| | What is the nearest source of possible contamination: Septic tank Seepage pit Pit privy Fertilizer storage Watertight sewer lines Lateral lines Cess pool Sewage lagoon Livestock pens Fuel Storage Fertilizer storage Insecticide storage Abandoned water well Oil well/Gas well Direction from well? East How many feet? Approximately 100 ft. | | | | | | | | | | |
| | FROM | TO | PLUC | GING MAT | ERIALS | FROM | TO | PL | UGGING | MATERIALS | |
| | 49 | 5 | Bentonite, | Hole Plug | | | | | | | |
| | 5 | 0 | Topsoil | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/8/2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) 3/8/2012 under the business name of Equus Beds GMD2 by (signature) David Randow, GMD2 | | | | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | | | | | |
| Check one: White Copy Blue Copy Pink Copy | | | | | | | | | | | |