USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

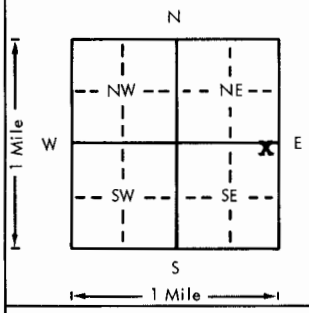
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Harvey	NE 1/4 NE 1/4 SE 1/4	8	T 24 S	R 3 E/W

2. Distance and direction from nearest town or city:
3 miles south of Burrton
Street address of well location if in city:

3. Owner of well: Equus Beds GMD
R.R. or street: Box 232
City, state, zip code: Halstead, Kansas 67056

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 4 in. Completion date 8/1/78
Well depth 75 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water X Other

9. Casing: Material ____ Height: Above or below
Threaded ____ Welded ____ Surface 24 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 2 in. to 72 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. Sch 40

5. Type and color of material	From	To
Top soil	0	5
Sand & gravel, yellow, white	5	45
Clay, green	45	56
Sand & clay layers, green	56	76
Clay, tan, brown	76	103
Shale, hard, red	103	

10. Screen: Manufacturer's name Johnson
Type wellpoint Dia. 1.25 in.
Slot/gauze 10 Length 36 in.
Set between 72 ft. and 75 ft.
____ ft. and ____ ft.
Gravel pack? no Size range of material ____

11. Static water level: mo./day/yr.
9.01 ft. below land surface Date 8/28/78

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 X No Date ____

14. Well head completion:
__ Pitless adapter ____ Inches above grade

15. Well grouted? yes
With: X Neat cement __ Bentonite __ Concrete
Depth: From 0 ft. to 2 ft.

16. Nearest source of possible contamination:
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ____ Yes X No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

(Use a second sheet if needed)

18. Elevation: 1444 ft.
Topography:
__ Hill
__ Slope
__ Upland
__ Valley

19. Remarks: EB - 7B

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.
Equus Beds GMD
Business name License No.
Address Box 232, Halstead, Ks
Signed Thomas C. Sell Date 1/16/79
Authorized representative

T R W Sec 1/4 1/4 1/4 1/4

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

Form WWC-5