

1. Location of well:	County Reno	Fraction center of north side 1/4 1/4 1/4	Section number 1	Township number T 24 S R 4 E W	Range number
2. Distance and direction from nearest town or city: 3 mi. SW of Burton Street address of well location if in city:			3. Owner of well: Equis Beds GMD R.R. or street: Box 232 City, state, zip code: Halsstead KS 67056		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 4" in. Completion date 8/23/76 Well depth 50 ft.	
<p>N</p> <p>W</p> <p>E</p> <p>S</p> <p>1 Mile</p>				7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
5. Type and color of material		From To		8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other	
Top soil		0 4		9. Casing: Material Steel Height: Above or below Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 20 in. to 47 ft. depth <input checked="" type="checkbox"/> Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
Sand & gravel, yellow		4 15		10. Screen: Manufacturer's name Johnson Type Redhead Dia. 1 1/4 in. Slot/gauze 10 Length 36 in. Set between 47 ft. and 50 ft. _____ ft. and _____ ft.	
Sand & gravel, some clay balls, yellow-white		15 55		Gravel pack? <input checked="" type="checkbox"/> Size range of material _____	
Fine sand, white		55 64		11. Static water level: _____ mo./day/yr. 6.73 ft. below land surface Date 8/29/76	
Clay, tan-gray		64 115		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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
				<input checked="" type="checkbox"/> Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		EB-2B		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Equis Beds GMD Business name _____ License No. _____ Address Box 232 Halsstead Signed Thomas C. Sell Date 1/6/77 Authorized representative	