•			ATER WELL RECOR	D Form WW				<del></del>	
LOCATION OF		Fraction	14 SE 14	SW 14	Section Number	Township T	Number S	Range	Number
County: Harve	tion from nearest to	own or city stree	et address of well if I		ty?	1 00			
	Main St.,	Newton,	Ks. 6711	4	<b>.</b>				
WATER WELL	OWNER:		ake/The Co	rner					
RR#, St. Address	150X # :	.318 N. M				Board	of Agriculture,	Division of W	ater Resource
City, State, ZIP Co	N	lewton, K	s. 67114			Applica	ation Number:		
	S LOCATION WIT		F COMPLETED WEI	and the second second					
	<del>-                                    </del>		TIC WATER LEVEL						
1   i		1	ump test data: Wel						
NW	NE	1	gpm; Wel					. •	•
			iameter 8/2".i						
* w	-+	Ł I	R TO BE USED AS		water supply	8 Air condition		Injection well	
-   i		1 Dome:			water supply	9 Dewatering		ther (Speci	
SW	SE	2 Irrigati			nd garden only				
!		1 -	cal/bacteriological sai						
	\$	mitted	od/bacteriological sal	Tiple Submitted		ater Well Disinf		No	•
TYPE OF BLAI	NK CASING USED	:	5 Wrought iron	8 Cd	oncrete tile	CASING	JOINTS: Glue	d Cla	mped
1 Steel	3 RMP	(SR)	6 Asbestos-Cer	ment 9 Of	her (specify belo	ow)			
2 PVC	A ABS	21	7 Fiberglass						
	eter 2.375		ft., Dia						
	ve land surface <b>F</b> U		in., weight	grant and a second		./ft. Wall thickne	ess or gauge N	lo SCh	4.0
TYPE OF SCREE	N OR PERFORAT	ION MATERIAL	:	_	PVC	10	Asbestos-cem	ent	
1 Steel	3 Stainle		5 Fiberglass		RMP (SR)		Other (specify		
2 Brass		nized steel	6 Concrete tile		ABS		None used (or	•	
	REPORATION OPEN			Gauzed wrappe	ed	8 Saw cut		11 None (d	pen hole)
1 Continuou	_	Mill slot		Wire wrapped		9 Drilled ho			
2 Louvered		Key punched	<b>M</b> ·	Torch cut			ecify)		
SCREEN-PERFO	RATED INTERVAL				ft., Fro				
GRAVE	PACK INTERVAL	S: From	16' ft.	to 21/21	π., Fr	om	ft.	to	
		From		to	ft., Fr	om	ft.	to	ft
GROUT MATE	RIAL: 01/01 Nea	at cement	@Cement grout	_ , : ③⊧	entonite /	Other			
Grout Intervals:	From A M.	ft. to 📯	ft., From .	<u>α</u> <b>③</b> .	ft. to				
	st source of pos					estock pens		Abandoned w	
1 Septic tan		teral lines	7 Pit pri	•	_	l storage		Dil well/Gas w	
2 Sewer line		ess pool		ge lagoon		tilizer storage	16 (	Other (specify	below)
•	sewer lines 6 Se	epage pit	9 Feedy	ard		ecticide storage	•		
Direction from we		LITHOLO	GIC I OG	FRO		any feet? /5	PLUGGING	INTERVALS	
0 .5			dic Lod	- 1 - 100	10		reddiita	INTERIVALO	A
.50 4			ay, firm, r	o odor					
4 8.5			enish gray						
4 0.0			e & ls.rx.						
			aint odor.	gravery					
		odor at							
8.50 10			reenish yel	low					
0.20 10			shale, dry						
	moist,		Dirace, ar			_			
	morse,	Ouor .			NA	by D.7	aulas		
						9 ,	300		
Z CONTRACTO	R'S OR I ANDOWA	VER'S GERTIE	CATION: This water	well was (1)	estructed 72\ red	constructed or	(3) plugged up	der my iuried	iction and wa
completed on (m	/day/year)	18-95	CATION: This water	Was (1) 20	and this red	cord is true to th	e hest of my k	nowledge and	belief Kansa
Water Well Contr	actor's License No.	E20	This W	ater Well Recor	d was completed	on (mo/day/yr	10-10-	95	Johon Marioa
			ental Dril		by (sign		man. R	inba.	)
			ESS FIRMLY and <u>PRINT</u> cle				ore Sand ton the	conien to Para	s Department
of Health and En	ose typewriter or ball po vironment, Bureau of Wa	ater, Topeka, Kansas	66620-0001. Telephone: 9	any, riease fill in 51 13-296-5545. Send o	anks, underline or circ one to WATER WELL	OWNER and retain	one for your record	is.	o Department