			WATE	R WELL RECORD	Form W		-1212			
_	4 1	TER WELL:	Fraction		LAT	Section Number	Township Num		Range Number	
County:	HAR	JEY	NW 1/4		J V V 1/4	.70	1 23	S	R (B)W	
Distance and direction from hearest town or city street address of well if located within city?										
2 WATER WELL OWNER: ATUSE RAILWAY CO MW-										
DD# Ct Address Day #										
City, State	City, State, ZIP Code : NEWTON K5						Application Number:			
J LOCAT	E WELL'S L	OCATION WITH N BOX:					TION:			
Depth(s) Groundwater Encountered 1										
-	Pump test data: Well water was ft. after hours pumping gpm  Est. Yield gpm: Well water was ft. after hours pumping gpm									
	Bore Hole Diameter . S in. to									
l∯ w h	W I I WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well									
- 1								Other (Specify below)		
-	SW	SE	2 Irrigation	4 Industrial			10 Monitoring well		Strict (openly bolow)	
	1								mo/day/yr sample was sub-	
ľ		5	mitted	actorio o groun o ampro	, , , , , , , , , , , , , , , , , , , ,		ter Well Disinfected?		No No	
5 TYPE	OF BLANK (	CASING USED:		5 Wrought iron	8 C	oncrete tile			Clamped	
1 St		3 RMP (SI	R)	6 Asbestos-Cemen		her (specify below			ed	
(2 P)		4 ABS		7 Fiberglass					ded	
Blank casing diameter in to ft., Dia in to ft.										
Casing height above land surfacein., weight										
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement										
1 St		3 Stainless		5 Fiberglass		RMP (SR)				
2 Br	ass	4 Galvaniz		6 Concrete tile		ABS				
The second of th									11 None (open hole)	
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									Tritono (opon noio)	
2 Louvered shutter 4 Key punched 7 Torch cut 2 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From 10 ft. to 50 ft., From ft. to ft.										
From										
GRAVEL PACK INTERVALS: From										
From ft. to ft., From ft. to ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
Grout Intervals: From										
What is th	ne nearest so	ource of possible	contamination:			10 Livest	ock pens	14 Ab	andoned water well	
1 Septic tank 4 Lateral li			al lines	7 Pit privy		(11 Fuel s	storace	15 Oil	well/Gas well	
2 Sewer lines 5 Cess poo			pool				zer storage	16 Ot	her (specify below)	
							ticide storage			
Direction	from well?	U	MIHTIL	FACILI	TV	How man	ny feet?	TH	HN	
FROM	то	_	LITHOLOGIC I	OG	FROI	и то	PLUG	GING IN	ITERVALS	
0	75	GRAY	SAUDY (	CIAV						
				<u> </u>						
									THE THE STREET AND WAS IN ADDRESS.	
	L									
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) C	1919 2	·		. and this recor	d is true to the best of		wledge and belief. Kansas	
Water We	II Contractor'	s License No	102 W	This Water	Well Record	was completed of	on (mo/day/yr)	10/2	2 9.2	
under the	business na	me of	NE			by (signat	ure) Me	بف		
INSTRUCTIONS: Use typewriter or ball point ben. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct phylers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.										
of Heal	ith and Environm	nent, Bureau of Water,	торека, Kansas 66620	-uuu1. Telephone: 913-296	o-5545. Send o	THE TO WATER WELL OV	vin⊾H and retain one for y	our records.		