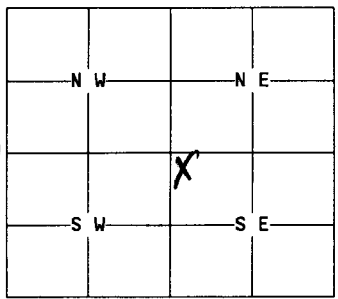


2211092

MW-4

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
County: <u>Harvey</u>	<u>NW 1/4 NW 1/4 SE 1/4</u>	<u>18</u>	<u>23</u>	<u>1E</u>																								
Distance and direction from nearest town or city street address of well, if located within city? <u>619 Boyd - NE of School along Boyd</u>																												
2 WATER WELL OWNER: <u>City of Newton</u>																												
RR#, St. Address, Box #: City, State, ZIP Code : <u>Box 426 Newton KS 67114</u>		Board of Agriculture, Division of Water Resources Application Number:																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL.....ft. <u>18</u> WELL'S STATIC WATER LEVEL.....ft. <u>7.81</u> WELL WAS USED AS:																										
		1 Domestic      5 Public Water Supply      9 Dewatering 2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well 3 Feedlot       7 Lawn and Garden Only    11 Injection Well 4 Industrial    8 Air Conditioning        12 Other.....																										
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <u>X</u> ..... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.....No <u>X</u> .....																										
5 TYPE OF BLANK CASING USED:																												
1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below) <u>2 PVC</u> 4 ABS        6 Asbestos-Cement    8 Concrete Tile																												
Blank casing diameter.....in.    Was casing pulled? Yes <u>X</u> ..... No..... If yes, how much..... <u>18 ft</u> Casing height above or below land surface.....in. <u>overdrilled</u>																												
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <u>3 Bentonite</u> 4 Other.....																												
Grout Plug Intervals: From <u>2</u> ft. to <u>18</u> ft., From.....ft. to .....ft., From..... to.....ft.																												
What is the nearest source of possible contamination:																												
1 Septic tank    6 Seepage pit <u>11 Fuel storage</u> 16 Other (specify below) 2 Sewer lines    7 Pit privy       12 Fertilizer storage 3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage 4 Lateral lines    9 Feedyard       14 Abandoned water well 5 Cess Pool       10 Livestock pens    15 Oil well/Gas well																												
Direction from well? .. <u>NE</u> ..... How many feet? .. <u>155</u> .....																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>2</u></td> <td><u>Soil</u></td> </tr> <tr> <td><u>2</u></td> <td><u>18</u></td> <td><u>Bentonite</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>2</u>	<u>Soil</u>	<u>2</u>	<u>18</u>	<u>Bentonite</u>															
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>5/12/00</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>551</u> ..... This Water Well Record was completed on (mo/day/year)..... <u>5/13/00</u> ..... under the business name of .... <u>Geo Technical Services, Inc.</u> ..... by (signature) ..... <u>Allen M. Spru</u> .....																												

INSTRUCTIONS: Use typewriter or ball point 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.