James and direction from neasest burn both steek andress of mail shooted will and only?  Greaves Mini Mart Attn: Norm Castagna  WATER WELL OWNER:  GREAVES Mini Mart  RPA, St. Address, Box # 825 Main, Neodesha, Kansas  Board of Agriculture, Division of Water Resource  Application Number.  Depthing Groundmarker Encourseror 1, 19	1 LOCATION OF 141	TED WELL		VELL RECORD	Form WWC-5				Pages Number	
Distance and direction from names beyor or dry stress address of well if located within only?  Creaves Mini Mart Attr. Norm Castagna  WITER WELL OWNER: RRY, St. Address, Box # 25 RRY,	Ounty:	HER WELL:	Fraction 1/4	SW <sub>1/4</sub> SI	AT !	20 20	1 ' 3	∩ I	Range Number R 16 EW	
Res., St. Address, Box # Greaves Main, MacTell Statin, Necdesha, Kansas    Cocare Well's Location With   Statin   Necdesha, Kansas   Cocare Well's Location With   Statin   Necdesha, Kansas   Cocare Well's Location With   Statin   Necdesha, Kansas   Cocare Well's Location With   Statin   Necdesha, Kansas   Cocare Well's Location With   Statin   Cocare   Cocare Well's Location   Cocare   Cocare	Distance and directio	from nearest town of the form	or city street addr	ess of well if locate Norm Casta	d within city?			· · · · · · · · · · · · · · · · · · ·	<del>U</del> "	
Base Carding Section   Sec	<b>→</b>	Creaue	e Mini Mar	<b>•</b>						
DEPTH OF COMPLETED WELL 29 1. ELEVATION 1. SECTION BOX 1. SECTION		OX # : 825 Ma						•	ivision of Water Resource	
WELL STATIC WATER LEVEL / 2. 47. ft. below land surface measured on moiclayby / D - 79 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	City, State, ZIP Code			=			Applicatio	n Number:		
Pump test data: Well water was it. after hours pumping go gom Well water was it. after hours pumping go gom Well water was it. after hours pumping go gom well water was it. after hours pumping go gom well water was it. after hours pumping go gom yell water supply and in to in to	LOCATE WELL'S AN "X" IN SECTION	OCATION WITH 4 DO BOX: De	DEPTH OF COM epth(s) Groundwat	PLETED WELL er Encountered 1	153	ft. ELEVA	TION:	ft. 3.	10-2-94 ft.	
Well WATER TO BE USED AS 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedick 6 50 Illifetid water supply 9 Dewatering 2 Dring (Specify below) 2 Impation 4 Industrial 7 Lawn and garden only 9 Montoring well 7 Nu X : If yes, modayly sample was sumitted to Department? Yes — No X : If yes, modayly years and yes and y	   NW	NE Es	Pump te	st data: Well wate	er was er was	TTT ft. a	fter	. hours pun	nping	
1 Domestic   2 Irrigation   4 Industrial   7 Lawn and garden only   Devalenting   12 Office (Specify below)	# w   !	7 7 (1								
2 Irrigation 4 Industrial 7 Lawn and garden only ( ) Monitoring well Thus, modayly sample was sumitted to Department? Yes No Water Well Disinfected? Yes No Welded Water Well Disinfected? Yes No Welded Welded Welded Welded Welded Welded Welded Welded	<b>≥</b>							-	•	
Was a chemical-bacteriological sample submitted to Department? Yes. — No. X. If yes, modalyyr sample was sumited in Meter Well Disinfected? Yes. — No. X. If yes, modalyyr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modalyyr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modaly yr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modaly yr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modaly yr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modaly yr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modaly yr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modaly yr sample was sumited. — Water Well Disinfected? Yes. — No. X. If yes, modaly yr sample was sumited. — No. X. If yes, modaly yr sample was sumited. — No. X. If yes, modaly yr sample was sumited. — No. X. If yes, modaly yr sample was sumited. — Well ded. — No. X. If yes, modaly yr sample was sumited. — No. X. If yes, modaly yr sample was sumited. — No. X. If yes, modaly yr sample was sumited. — No. X. If yes, modaly yes, modal, was sumited. — No. X. If yes, modaly yes, modal, was sumited. — No. X. If yes, modaly yes, modal, was sumited. — No. X. If yes, modal, yes, was sumited. — No. X. If yes, modal, was sumited. — No. X. If yes, modal, was sumited. — No. X. If yes, modal, yes, was sumited. — No. X. If yes, modal, yes, was sumited. — No. X. If yes, was sumited. —	sw	SE					9 Dewatering	12 ( 12 <b>/7r.4</b> 7		
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Astestos-Cement 9 Other (specify below) Weided	^!		•							
TYPE OF BLANK CASING USED.  Steel 3 RIMP (SR)  Steel 3 Stainless steel 5 Fiberglass 8 RIMP (SR)  1 Steel 3 Stainless steel 5 Fiberglass 8 RIMP (SR)  1 Steel 3 Stainless steel 5 Fiberglass 8 RIMP (SR)  1 Steel 3 Stainless steel 6 Concrete tile CPV  10 Asbestgo-coment 1 None (open hole)  2 Brass 4 Galvanized steel 6 Concrete tile 9 ASS 12 None used (open hole)  SCREEN OR PERFORATION O'PENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  1 Continuous stot 3 Mill stot 6 Wire wrapped 9 Drilled holes  2 Louvered shutter 4 Key punched 7 Torch cut 10 O'ther (specify)  SCREEN-PERFORATION INTERVALS: From 1 to 10 ther (specify)  GROUT MATERIALS. From 1 to 10 th. From 1 to 10 There (specify)  GROUT MATERIALS From 1 to 10 th. From 1 to 10 There (specify)  GROUT MATERIALS From 1 to 10 th. From 1 to 10 There (specify)  Screen insection from well 1 Sees pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well Gas well 15 Oil well	1 —	<del></del>		.c.rorograal campio					· · · · ·	
Series   S	5 TYPE OF BLANK	CASING USED:	5	Wrought iron	8 Concr	ete tile	CASING JO	INTS: Glued		
Blank Casing diameter 2 in. to		3 RMP (SR)	6	Asbestos-Cement	9 Other	(specify below	<b>v</b> )	Welde	d	
Casing height above land surface.  O in, weight Casing height above land surface.  O in the Casing hei	(2)=VC			3					••	
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From f. to f. Fr					7/1	ft., Fror				
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Grout Intervals: From the to the first of th			From	— ft. to						
What is the nearest source of possible contamination:  1 Septic tank 4 Lateral lines 7 Pit privy 1 Sewer lines 5 Cess pool 8 Sewage lagoon 1 Watertight sewer lines 1 Sepage pit 9 Feedyard 1 Sinsecticide storage How many feet?  GL 1.00 Asphalt 1.00 Asphalt 1.00 B.00 Silty Clay (CL) 1.00 Shale 20.00 TD End of Borehole  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed, D) reconstructed, or (3) plugged under my jurisdiction and we completed on (mo/day/year)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 constructed)  CONTRACTOR'S OR LANDOWNER'S CERTIFICAT	6 GROUT MATERIA	E: 1 Neat cem	nent <b>2</b> (2)0	Cement grout	(3)Bento	onite a <sup>4</sup>	Other			
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under the business name of AGT by (signature) Physical Pollum Can								. '		
The state of the s		<i>a</i>		The state of the s		•		//	7 7)//	
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 the copies to Kansas Department		·····		Y and PRINT clearly. Ple	ease fill in blanks.			···· / [-		