		W	ATER WELL RECORD	Form WWC-5	KSA 82	a-1212		
County:	on of water well tary ey	nu	14 JW 14 7	7W 1/4 8	tion Number		Range Number	
Distance ar	nd direction from nea	arest town or city stre	et address of well if local SSTOM	ted within city?				
	7							
		urmer	Heating					
1	~	12 N ma	rin .	1001	<b>^</b>	Board of Agricu	ılture, Division of Water Resources	
City, State,		tesston		2063		Application Nur		
AN "X" I	WELL'S LOCATION IN SECTION BOX:	DEPTH C	F COMPLETED WELL.	35	ft. ELEV	ATION:		
-  -	1 1 1	WELL'S STA	TIC WATER LEVEL	ft b	elow land su	rface measured on mo/	day/yr 8-20-44	
1 1	- I i						urs pumping gpm	
11 15	-NW NE	Est Viold	2 n gom: Well wa	tor was	4	alter	urs pumping	
	<b>K</b>	Est. field .	veli wa	iter was	π. :	arter no	urs pumping gpm	
¥ w  -	<del>!</del>	E Bore Hole D	ameterto					
2		WELL WATE	R TO BE USED AS:	5 Public water		8 Air conditioning	11 Injection well	
lī L	_ sw  se .	1 Dome	stic 3 Feedlot	6 Oil field wa	ter supply	9 Dewatering	12 Other (Specify below)	
	1 1	2 Irrigat	on 4 Industrial	7 Lawn and g	garden only	10 Observation well		
	i   1	Was a chemi	cal/bacteriological sample	submitted to De	epartment? \	′esNoX;	If yes, mo/day/yr sample was sub-	
1	S	mitted				ater Well Disinfected?		
5 TYPE O	F BLANK CASING L	ISED:	5 Wrought iron	8 Concre			: Glued Clamped	
1 Stee		RMP (SR)	6 Asbestos-Cement		(specify belo		Welded	
2 PV					•	•		
_		ABS	7 Fiberglass				Threaded	
1	ng diameter 🕰 .	10	ft., Dia	Carain, to		ft., Dia	in. to ft. luge No ft.	
Casing heig	ght above land surfac	ce/. <del>-/</del>	in., weight . 🔑 /. 🥨	L-Y-Y / 6	lbs	/ft. Wall thickness or ga	uge No	
TYPE OF S	SCREEN OR PERFO	PRATION MATERIAL		7 <u>PV</u>	C	10 Asbestos	s-cement	
1 Stee	el 3.5	Stainless steel	5 Fiberglass	8 RM	IP (SR)	11 Other (s	pecify)	
2 Bras	ss 4 0	Salvanized steel	6 Concrete tile	9 AB	S	12 None us	ed (open hole)	
SCREEN O	R PERFORATION C	PENINGS ARE:	5 Gau	zed wrapped		8 Saw cut	11 None (open hole)	
l .	ntinuous slot	3 Mill slot		wrapped		9 Drilled holes	, r rterie (epen riele)	
	vered shutter	4 Key punched					ĺ	
			<i>~</i> ~	ch cut		` ' ' '		
SCREEN-P	ERFORATED INTER						. ft. toft.	
		From	···/ 🛶 · · · · · · · ft. to .	···· 4·· /···	ft., Fro	om	. ft. toft.	
GI	RAVEL PACK INTER	RVALS: From		<b></b>	ft., Fro	om	. ft. toft.	
		From	ft. to		ft., Fro	om	ft. to ft.	
6 GROUT	MATERIAL:	Neat cement	2 Cement grout	3 Bento	nite 4	Other		
Grout Interv	/als: From	ft. to	ft., From	ft.	to	ft., From	ft. to ft. 🕇	
What is the	nearest source of p	ossible contamination				stock pens	14 Abandoned water well	
1 Sep	otic tank	4 Lateral lines	7 Pit privy		11 Fuel	•	15 Oil well/Gas well	
2 Sev	ver lines	5 Cess pool	8 Servange la	adon -		lizer storage	16 Other (specify below)	
	tertight sewer lines	-	9 Feedvard	***		cticide storage	To Other (specify below)	
Direction fro	- 11	o occpage pit	3 i eedyald			- 🛦		
FROM		LITHOLOG	210100	FROM	TO TO	any feet?	OLOGIC LOC	
79	18 0101			FROIVI	10	LIIT	OLOGIC LOG	
	100 01010	ex yell	oux Red	<u> </u>				
$\mid \boldsymbol{\rho} \mid \boldsymbol{\rho} \mid$	30 00							
10	3205417	neton	redium da	Ln d				
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32	34 9 8	hale						
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<b></b>								
7 001:75	ACTORIO OD LAND	CAMPIEDIO CEDETICIO	ATIONI, This		· · · · · · · · ·			
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)								
Water Well	Contractor's License			Well Record wa	s completed	on (mo/day/yr) . Q :	707994	
		Backhu				ature) Saul 6	Bankhus_	
INSTRUCTI	IONS: Use typewriter	or ball point pen, PLE	ASE PRESS FIRMLY a	nd RINT clear	y. Please fill	n blanks, underline or ci	rcle the correct answers. Send top	
three copies	s to Kansas Departme	ent of Health and Envir	onment, Division of Enviro	nment, Environ	nental Geolo	gy Section, Topeka, KS 6	66620. Send one to WATER WELL	
I OWNER an	nd retain one for your	records.						

N2 NW-8-225-IW

HARVEY COUNTY
HEALTH DEPARTMENT

8/20/84 NW SWNW ~ BZNW

HARVEY COUNTY COURTHOUSE P.O. BOX 687 NEWTON, KANSAS 67114 283-6900

## DOMESTIC WATER WELL PERMIT

	Permit No. <u>507887</u>
Date Issued: August 6, 1984	
Issued to: LeRoy Reimer, 109 E	.Pine,RR1, Hesston, Ks. 67062
To install or construct: ground	water well
	Lot 5 of Wilderness Acres Sub- of the NW1/4 of Section 8, Township
22 South, Range 1 West. Contain	·
	Issued by: Jan SaulAule Dyn Harvey County Health Department
Any changes made must be reported to the permit is invalid. Construction	sixty (60) days from the date of issuance. the Harvey County Health Department or and final inspection must be completed suance or the permit is invalid. The water
	Certified by final inspection.
	Date:
	Ву:
,	Harvey County Health Department

8/20/24.

## HARVEY COUNTY PLANNING AND ZONING DEPARIMENT

8-225-01W

HARVEY COUNTY COURTHOUSE P.O. BOX 687 NEWTON, KANSAS 67114 283-6900

## DOMESTIC WATER WELL PERMIT

		Permit No. <u>8-12-83</u>
Date Issued: August 24, 1		*
Issued to:	LeRoy Reimer, F	O.O. Box 78-F, Hesston, Ks. 67062
To install or o	construct: a gro	ound water well
		y: Lot 1 of Wilderness Acres Subdi- the $NW_{4}^{1}$ of Section 8, Township 22
South, Rang	ge 1 West. Conta	ining 2.5 Acres.
		Issued by: White and Zoning Department
Any changes made permit is inval	de must be reported id. Construction and the date of issuan	of sixty (60) days from the date of issuance. to the Planning and Zoning Department or the d final inspection must be completed sixty ce or the permit is invalid. The water well
		Certified by final inspection.  Date: 1900 24 989  By: 1900 25 25 25  Harvey County Planning and Zoning Department

## HARVEY COUNTY HEALTH DEPARTMENT

PLANS FOR WATER SUPPLY USING GROUND WATER (WELL) (attach to Water Supply Permit Application)
Permit Application No. $8^{-12-8}$
Name of Owner: Le Roy & Ranne
LOCATION OF WELL
Distance from: Public water supply
DESIGN OF WELL
Type of casing:  Diameter of casing:  bin. Thickness of casing:  Weight of casing:  Ibs. per ft.  Amount of unperforated casing below ground level:  Amount of casing above ground level:  Size of annular opening around casing:  Type of grouting to be used in annular opening:  Depth of grouting:  Type of grouting:
DESIGN OF SUPPLY SYSTEM
Will a pressure system be used?  Type of pump to be used:  Type of seal to be used at top of well casing:  Is a pump pit planned?  Is a pitless unit to be used?  Yes  No  Is a pump house to be used?  Will water suction line be installed underground?  Will water lines be protected from freezing?  Will underground water suction lines be protected from contamination?  Yes  No  Will well vent be shielded to prevent contamination?  Yes  No
I hereby swear that the information on this application is correct and true to the best of my knowledge.
Daté: 7-27-83 Signature: Le Roy J. Rome

Permit No. 8-12-83