1	N OF WATER WE		Fraction		Section Number	Township Number	Range Number
County: \not	larveu	SW.	SW 1/4 NE 1/4	1/4	34	<i>23</i> S	1 W
Distance a	nd direction	from nea	rest town or city	stree	address of well if	located within city?	?
2 West 1/2 South Newton							
2 WATER WELL OWNER: Melvin Klaassen RR#, St. Address, Box #: Rt Box 32 City, State, ZIP Code: White water Ks 6//54 Application Number: Mark Well'S LOCATION WITH 4 DEPTH OF WELL							
RR#, St. A City, Stat	ddress, Box # e, ZIP Code	" Whi	tewater K	567	Board of Agri Application N	culture, Division of umber:	Water Resources
3 MARK WE AN "X"	LL'S LOCATION IN SECTION BO N	N WITH OX:	4 DEPTH OF WE WELL'S STAT	IC WAT	R LEVEL 12	ft.	
			WELL WAS US	ED AS:			
WN	w	N E	1 Domest 2 Irriga 3 Feedlo E 4 Indust	tion t	6 Oil Field Water 7 Lawn and Garden	Supply 10 Monitoria	ng Well
s	W	S E	If yes, mo/da	y/yr s	eriological sample s ample was submitted. ted: Yes No	ubmitted to Departmen	nt? YesNo .K
	S						
5 TYPE OF	BLANK CASING						
1 Steel 2 PVC	3 RMP (SR) 4 ABS) 5 Wro 6 Asb	ught 7 estos-Cement 8	Fiber Concr	glass 9 Other ete Tile	(specify below) B r J	ck
Blank o Casing	casing diamete height above	er. 36 -or c etow	in. Was c	asing 42.	oulled? Yes in.	No If yes, how	much
6 GROUT F	LUG MATERIAL	: 1 Neat	cement 2 Ceme	nt gro	ut 3 Bentonite	4 Other	
Grout F	lug Interval	s: Fro	m. 1.3 ft. to 3	ft	., Fromft. t	oft., From	toft.
What is	s the nearest	source o	f possible contam	inatio	n:		
2 Sewer lines 7 Pit priv 3 Watertight sewer lines 8 Sewage l 4 Lateral lines 9 Feedyard			7 Pit privy 8 Sewage lagoon 9 Feedyard		11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water	ge age well within	pecify below)
	ss Pool		10 Livestock pen	S	15 Oil well/Gas wel		
Direction from well? How many feet?							
FROM	70		UGGING MATERIALS				
13	\rightarrow	Come	ent Gran	<u>† </u>	_		
3	0	Tops	301/				
on (mo	/day/year) 2	2/2/	/75 and thi	S AFECO	rd is true to the be	under my jurisdiction est of my knowledge a	nd belief. Kansas
Water by (si	Well Contract 2.20,199 gnature)7	og's Lice	ense No	ess nam	This Water Well e of	Record was complete	d on (mo/day/year)
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.