AN ANTER WELL OWNER:  CHACK BAN-HALL 72 RANGELLS RD  WATER WELL OWNER:  CHACK BAN-HALL 72 RANGELLS RD  Board of Agriculture, Division of Water Resound Application Number:  LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL 3S ft. ELEVATION:  Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 3 ft. 4 ft. 2 ft. 3 ft. 4 ft			WATER	WELL RECORD	Form WWC	5 KSA 82	2a-1212			
Statice and direction from measest lown or only street address of well if located within city?  T22 SAMMELLS SEA  WATER WILL OWNER  WATER WATER WILL OWNER  WATER WATER  WATER WILL OWNER  WATER WILL OWNER  WATER WILL OWNER  WATER	~	ER WELL:		-		ection Number	Township Nu	ımber	Range N	lumber
WATER WELL OWNER:  ### STA Address Box ### STA Box ###							T 10	s	<u>R</u> 8	( <b>F</b> /W
WATER WELL OWNER  #\$ Is Address, Sox #   \$7 AMMELLS #\text{PCode}	istance and direction		<u>~</u>	_	ated within city?					
All Address   Box #   T27   AnN-ELLS   AD		727	KANNE	LLS RD						
Application Number:  LOCATE WELLS LOCATION WITH J DEPTH OF COMPLETED WELL. 3.5. In. ELEVATION:  AN "X" IN SECTION BOX:  Depth(s) Groundwater Encountered 1, In. 8, 2 In. 8, 3	WATER WELL OW	NER: CHUC	K REAMH	ALL						
LICATE WELL'S LOCATION WITH AN X' IN SECTION BOX:  Depth(s) Groundwater Encountered 1, 1, 1, 2, 2, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	R#, St. Address, Box	; ·					Board of A	griculture, Di	vision of Wate	er Resource
Dephtie) Groundwater Encountered 1. below land surface measured on moday. 1/2 / 1/3	ity, State, ZIP Code									
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1 Domestic   3 Feedlot   6 Oil field water supply   9 Dewatering   9 Other (specify below)	w <del>                                  </del>									<b>.</b>
2 Infigation 4 Industrial 7 Lawn and garden only 10 Monitoring well PLASS Committed was a chemical/bacteriological sample submitted to Department? Yes No No mitted was a chemical/bacteriological sample submitted to Department? Yes No		i   ['''					•	_	•	helow)
Was chemical-bacteriological sample submitted to Department? Yes	sw	SE	2 Irrigation							
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TYPE OF BLANK CASING USED:  5 Wrought iron 6 Asbestos-Cement 9 Other (specify below) 9 Other (specify below) 1 Needed 1	<del>- X'</del>				0 002					
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sing height above land surface				•						
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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					,			nd ton three of	nide to Kanasa C	enartment