County	1 LOCAT	ION OF WATE	R WFII:	Fraction	VAIER WE	LL RECOF	RD For		KSA 82a		sia Niverbaa	
Delance and direction from nearest town or cby steel address of well if located within city? WATER WELL OWNER: KeVin Worrel RRW, St. Address, Box # : 4240 Kaw Road Chy, Sale, 2iP Code Wanhattan, KS 66502-1542 Depth of Committee the Committee of the Chy, Sale, 2iP Code Jan. N. Well SCITIN BOX Depth of Committee the Committee of the Commit					" sw	47	ew.			1	4.0	Range Number
Z WATER WELL OWNER: KeVin Worrel RRS, St. Address, Box # 2440 Kaw Road St. State 160 St.			m nearest t	own or city street	at address	of well if is	ocated wi	thin city?	17		iu s	R & EM
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3 LOCATE WELL'S LOCATION WITH AN X'IN SECTION 60X AN X'IN SECTION 60X Depth(s) Groundwater Encountered 1					20200 4	F 40						
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Bore Note Dismeter 28 m. to 36 ft. and in. to control line per language		1	- i - i	Est. Yield	(apm: We	ell water v	was		ft after	hours r	numpina anm
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Secondary Seco	7	1	1 1	WELL WATE	ER TO BE	USED AS	: 5 Pu	blic water s	vlagu	8 Air cor	ditioning 1	1. to 11. It.
Light Ligh		sw	SF	_1_Dom	estic 3	Feed lot	6 Oil	field water	supply	9 Dewat	erina 1	2 Other (Specify below)
S was a chemical/bacteriological sample submitted to Department? Yes No X fryes, motodayns sample was submitted to Swatz Well Distrincted? Yes No X submitted 5 would was was completed on (motodayns ample was submitted 5 would was completed on find the submitted 5 would was completed on (motodayns). Steel 2 PVC		X I	ĭ	2 irriga	tion 4	Industrial	7 1 2	um and nan	den (domes	tic) 10 Moni	loring wall	- canon (opean) bolon)
Strice S	▼ L			14/22-2-1-190	110- 1		, La	wii aliu yali	uen (uomes	alc) 10 Moni	coring well	
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From 10 ft. to 36 ft. From ft. to ft. From ft.				FIUIT		π. κ)		ft.	From	A +	ا بم
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three contest in Kaness Department of Licely and Circle the correct answers.	nder the bu	siness name of	<u> </u>	Woof	ter Pun	ip and	Well. i	nc.	h	v (signature)	-1-ne	1000
Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	INSTRU	JUTIONS: Pleas	se fill in blan	ks and circle the c	correct answ	vers. Send	three cop	ies to Kansa	s Departmen	t of Health and F	nvironment Ruis	Pau of William Toward