1 LOCA	TION OF WA	WATER WELL:	ATER WELL R Fraction	ECORD	Form WWC-5	KSA 82a-	tion Numb	O No	ownship Nun	nber	Bar	ge Num	nber
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		from nearest to	wn or city stre	et address of	well if located	within city?							
25	na i		nydal			Valle	v Ce	n Fer					
2 WATE	R WELL OW	NER: Just	. / 1 1	a lam	•	<i> </i>	<i>y</i> – – .	7 -					
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,	, ZIP Code	Valla		CYKE	6714	7			Board of Agri Application N	-	JIVISION OF V	valer n	esources
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		er 4 K ED INTERVALS	• •	60	7 Torch	cut	ft., Fr	10 Ot	her (specify)				
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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 of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.