		101	ATED WELL D	ECORD Form	- 14/14/O E H	/CA 000 10	10 ID N	lo.						
LOCATION	ON OF W	/ATER WELL:	ATER WELL RI	ECOND FOIL	CORD Form WWC-5 KSA 82a-1212 Section Num			per Township Number				Range Number		
County: 7			NE	4 SE 14	NW 14	1 17		т	25	s		811	⊕ w	
			town or city stre					<u> </u>			1			
			d. Tok											
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BB# S+ Δ/	ddraee B	0×# : \	1. Washi	actor				Roa	rd of Aario				er Resources	
City, State,	ZIP Code		1. W W S 16	h dua					lication Nu		JIVISIOI	or wate	1103001003	
		·	1 4 DEPTH OI		WELL 11		ELEVAT							
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		V 20%.	WELL'S STAT	IC WATER LEVE	3.09	ft helow lan	d surface	measure	d on mo/da	v/vr				
A	!	!	l .	imp test data: \										
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E TYPE O	E DI ANIK	CASING USED	mitted	C Marriagh Lan		Ö		Well Disi	infected? `	res		Ola	No	
				5 Wrought iro		Concrete til			SING JOIN				ped	
Steel	l	3 RMP (5H)	6 Asbestos-C		Other (spec	•							
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			in. to											
			. ©				Ibs./f	t. Wall th	ickness or	gauge N	10		• • • • • • • • • •	
			ATION MATERIA		(7 PVC			10 Asbes					
1 Steel		3 Stainle			5 Fiberglass 8 RMP (SR)									
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	OR PERI	FORATION OP	Mill slot		5 Gauzed wra 6 Wire wrappe			8 Saw 9 Drille			11 N	None (ope	n hole)	
	ered shu		Key punched		7 Torch cut	eu							ft.	
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SOI ILLIV	LINON	AILD INTERV		٠٠٠٠٠٠										
(GRAVEL	PACK INTERVA	ALS: From	5	ft. to		ft., From			ft. t	to		ft.	
GROUT	MATERI	AL: 1 Neat	cement	2 Cement gro	ut 3	Bentonite	ÆQ.	ther .	eno	\sim t				
			ft. to S											
			sible contaminati				10 Livesto					ned wate		
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2 Sewe			s pool		Sewage lagoor		12 Fertiliz	_				specify b		
		wer lines 6 See	•					cide store	•		, ,	-	J. J	
Direction f	-		pago pit	Ŭ	•			many feet?						
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Z] CONTRA	ACTOR'S	OR LANDOWN	ER'S CERTIFICA	ATION: This water										
completed of	on (mo/da	ıy/year) 5 . \.\	1613.7. V						\sim	f my kn	owledc	ge and be	elief. Kansas	
Water Well	Contracto	or's Licence No.	~~ COD	This V	Vater Well Rec	ord was con	npleted or	n (mo/da	y/m S	7.1.1	.Y.Y			
under the b	usiness n	ame of H	advologi	c, Fnc.	•		by (sign	nature)		8~	0.4	0-1-	~	
INSTRUCTI	IONS: Use tvi		en. <i>PLEASE PRESS F</i>			iks, underline or	circle the cor	rect answer	s. Send ton bre		o Kansas	Department	of Health and	
			66620-0001. Telephor		•									