LOCATION OF WATER WELL: Frgeton Section Number Township Number Range Number Distance and directed from one acts town or city street address of well if Construction: Section Number Range Number Range Number Coarder WILL Will if Construction: Section Number Range Number Range Number CWATER WELLS WATER WELL Will if Construction: Longitude:	LOCATION OF WATER WELL: Precion Section Number Township Number Range Number Distance and directed from one city street address of well if Clobal Positioning Systems (decamal degrees, min. of 4 digit) Location within city Section Number Location: Latitude: Latitu	WATEI	R WELL RE	CORD	Form WWC-	5	Division of Wate	r Resources; App. No.				
Distance and directed from nearest town or city street address of well if located within city 5/9 1_2/2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	Distance and directly from nearest town or city street address of well if Clobal Positioning Systems (decimal degrees, min. of 4 digits) to card within city [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2				Fraction	FUS	lection Number	Township Number				
2 WATER WELL OWNER: With Water Wate	2 VATER WELL OWNER: EVALUATER VELLONAL Elevation: City, State, ZIP Code ID19 Luclin, Lucli	Dieta	y: <u>e</u>	from nearest town	or city street address of we	$\frac{C}{11}$ $\frac{74}{C}$			and the second			
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2 WATER WILL OWNER: With Water W	2 WATER WELLOWNER: EXA, BLACKY Elevation: City, Stare, ZIP Code ID19 Lull, U.J., Ja, Jb, Gull, Data Collection Method: 3 LOCATE WELL'S J DEPTH OF COMPLETED WELL Data Collection Method: 1 LOCATION MWTH AN XN Depth(s) Groundwater Encountered ft. WITH AN XN Neph(s) Groundwater Encountered ft. ft. ft. WITH AN XN Pepth(s) Groundwater Encountered ft. ft. ft. WITH AN XN Pepth(s) Groundwater Encountered ft. ft. ft. WITH AN XN Pepth(s) Groundwater Encountered ft. ft. ft. ft. Num - NE WELL VS STATIC WATER LEVEL ft. ft. ft. ft. ft. Stry Ed. Str. Ft. ft. </td <td></td> <td>F</td> <td>519 Lula.</td> <td>Wichita KS 6</td> <td>721(]</td> <td>ongitude:</td> <td>······································</td> <td>*****</td> <td></td>		F	519 Lula.	Wichita KS 6	72 1 (]	ongitude:	······································	*****			
City, State, ZIP Code 1519 Julin, W. Julia, B. Callection Method: 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 6. MUTH AN "X" IN SECTION BX: Depth(s) Groundwater Encountered (1). 7. 6. N The Section Method: 7. 7. 6. Section BX: Well XET TO BE USED AS: 5 Public water was. 6. after. hours pumping. gpm W With HAN "X" IN Section BX: Well water was. 6. after. hours pumping. gpm WIELLWATER TO BE USED AS: 5 Public water supply 9. Wiell water was. 9. After was. hours pumping. gpm State: State: State: State: Well water was. 8. after. hours pumping. gpm State:	City, State, ZIP Code 1511 July, W. Mate, B. Gett, Data: Collection Method: 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 3	2 WA	TER WELL OV				Elevation:	····				
31 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL'	3 LOCATE WELL's 4 DEPTH OF COMPLETED WELL. 3 2			x# : ->=>	Accept	I	Datum:					
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2 Infigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well -55W	Image in the second state is a submitted of the submitted is infected? Yes No No S Strep of CASING USED: Swought Iron Second state is a submitted. Water well disinfected? Yes No No S TYPE OF CASING USED: Swought Iron Second state is a submitted. Second state is a submitted. Water well disinfected? Yes No No Casing height above indication of the submitted. No Threaded. Mill submitted. 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) No No <td< td=""><td> NW</td><td>/NE</td><td></td><td>O BE USED AS: 5 Publi</td><td>c water su</td><td>pply 8 Air</td><td>conditioning 11 Inj</td><td></td><td></td></td<>	NW	/NE		O BE USED AS: 5 Publi	c water su	pply 8 Air	conditioning 11 Inj				
Image: Start of the start	SW SE-1 S Was a chemical/bacteriological sample submitted to Department? Yes No	w 1 1 1 p (1 Domestic) 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)										
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5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: GluedClamped	5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: GluedClamped	-*SWSE Was a chemical/hacteriological sample submitted to Department? Ves No X . If yes molday/www.										
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under my jurisdiction and was completed on (mo/day/year)	under my jurisdiction and was completed on (mo/day/year) Kansas Water Well Contractor's License No. under the business name of INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, undefine or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Top tan Kansas 66612-1367. Telephon 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>onstructed</u> well. Visit us a					321	O' λ	Fat CEME	ut			
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Kansas Water Well Contractor's License No	Kansas Water Well Contractor's License No	7 CONT	RACTOR'S O	R LANDOWNER'	S CERTIFICATION: TH	us water v	vell was (1) const	ructed, (2) reconstruct	ed, or (3) plug	gged		
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