2 Brass			WATER WE	LL RECORD	Form WWC-5	KSA 82a-	T	 r		A1
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WATER WELL OWNER CASASM CEPTINING MARLETINE W S. Address, Box # : 100 E	stance and direction	on from nearest town or	city street address	- / - -			<u> </u>			9
## SEA Address, Box # IDO E_ Z W Application Number Application Nu		- And the	RECUENCE	\$ 11ADV	STINIL				MW-	5.10
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was a chemical/bacteriological sample submitted to Department? Yes. No. X. TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tille CASING JOINTS: Glued Clamped Sheel 3 RMP (SR) 6 Asbestus-Cement 9 Other (specifly below) Welfield The claim of the control of the control of the claim of the control of the claim of	sw	SE								
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Ink casing diameter in to	<i>^</i>	, ,				` '	•		•	(
sing height above land surface in, weight bs./ft. Wall thickness or gauge No. PPE OF SCREEN OR PERCORATION MATERIAL: BY PVC It. O Asbastos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 12 None used (open hole) 13 None (open hole) 14 None (open hole) 14 None (open hole) 15 None (open hole) 15 None (open hole) 16 None (open hole) 16 None (open hole) 17 None (open hole) 18 None (open hole) 18 None (open hole) 18 None (open hole) 19 None (open hole) 18 None (open hole) 18 None (open hole) 18 None (open hole) 19 None (open hole) 19 None (open hole) 10 None (o										
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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 Rureau of Water Topeka, Kansas 66620-0001, Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.			· A - / ·						IN I raw	4
	INSTRUCTIONS: Use of Health and Enviro	e typewriter or ball point pen. j nnment, Bureau of Water, Tope	PLEASE PRESS FIRMLY ka, Kansas 66620-0001	and <u>PRINT</u> clearly. P . Telephone: 913-296	lease fill in blanks, 5545. Send one to	underline or circle WATER WELL O	e the correct answers. S WNER and retain one fo	end top three c r your records.	opies to Kansa	s Department