COCATE WATER WELL Source County				WATER W	ELL RECORD	Form WWC	-5 KSA 82a	-1212			
Distance and direction/from nearest town or only street address of well if located within city? MAIRS WELL OWNER: Am 55				Fraction		_ s	ection Number	Township Numb	er	Range Number	
Distance and direction/from nearest town or only afreet address of well if located within city? MATER WELL OWNER: Am 55 3 No ET 4 MATER SI Address 80 w * 13/0 5 6 City, State, ZIP Code WILL Application Number: A	County: C	oul =	У	15W 45	W 1/4 5 E			↑ 32	S	R 3-E PM	٧
WATER WELL OWNER: Application Number: Board of Agriculture, Division of Water R. Application Number: Application Number: Board of Agriculture, Division of Water R. Application Number: Application Number: No. 1	Distance a	and direction	from nearest town of	or city street addre	ss of well if locate	d within city	?			- 0	
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BRIP. SI. Address, Box # : 3,10											
Cell, State, ZP Code Contraction Contra	BB# St	Address Bo	Y#: JAINE	FO				Board of Agric	ultura Divis	ion of Water Recou	rooc
DOCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL D n. ELEVATION: M K Depth(s) Groundwate Encountered 1, 7 n. 2 h. 3	City State	ZID Codo	111116	CLIN DI	67151	6					1003
Section Sect											
WELL STATE WATER LEVEL 3.9. ft. below land surface measured on modayly? OF7 2.4. Pump lost data: Well water was 40. ft. after hours pumping 5 Est Yield 20/40/pgpm: Well water was 40. ft. after hours pumping 15 Est Yield 20/40/pgm well water was 40. ft. after hours pumping 15 Est Yield 20/40/pgm well water supply 8 hard conditioning 11 linjection well 15 Est Yield 20/40/pgm well water supply 8 hard conditioning 12 Other (Spacify below 20/40/pgm) 13 Other (Spacify below 20/40/pgm) 14 Other (Spacify below 20/40/pgm) 15 Other (Spacify below 20/40/pgm) 16 Other (Spacify	AN "X"	IN SECTION									
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Est. Vield	Ī	!!	! WE								
Est. Vield		NW	- NF -	Pump tes	t data: Well wate	er was	. 40 ft. a	fter ho	ours pumpi	ng . / 5 g _l	pm
Bore Hole Diamfeler in. to	1 [/4//	Es	t. Yield 20/4/	gpm: Well water	er was	ft. a	fter ho	ours pumpi	ng g _l	pm
West of the comment o		- 1									
Domestic 3 Feedlot 6 Oil field water supply 9 Deweldering 12 Other (Specify below Was a chemical/bacteriological sample submitted to Department? Yes	₹ w	1									
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under the business name of G-S 1) el 6 by (signature) Elle Store a c					DIALY - 10007	also Diagram			Wind the	Yangu	<u></u>
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 the opies to Kappentment of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retail one to											
records.		an or nealth an	io Environment, Dureau	O. TVALES FIOLECTION, I	opena, namas 0002	o rozo, relepii	5.10. 515-002-930	O. SOMETHIE TO TALL EN W	LLL OWNER	and retain and to your	