unity GME and an expectation from nearest town or city steet address of well fill coaled within city? TATER WELL OWNER AREA POLIFEA WELL STATOLO ANTITIONY DRIVE Standardes Sox #: ITOLO ANTITIONY DRIVE WELL STATOLO ANTITIONY DRIVE STATOLO ANTITIONY DRIVE STATOLO APplication Number: LOCATE WELL SCATION WITHIN DEPTH of COMPLETED WELL I the book land surface measured on modally in the LEVATION. WELL STATOL WATER LEVEL I the book land surface measured on modally in the LEVATION of the During pumping the land with water was. The after house pumping the land with water was. The after house pumping the land with water was. The after house pumping the land with water was. The after house pumping the land with water was. The after house pumping the land with water was. The after house pumping the land water was. The after house pumping to the land water was. The after house pumping the land wa		ON OF WAT	ER WELL:	Fraction	N WELL		FORM VV	Section	Number	Towns	hip Numl	ber	_	e Numb	ber
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A PRC A ABS 7 Fiberglass Threaded						_	9 0	ther (sp	ecify below	<i>(</i>)		Welded			
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2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) REEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) REEN-PERFORATED INTERVALS: From 10 ft. to 15 ft. From ft. to GRAVEL PACK INTERVALS: From 10 ft. to 15 ft. From ft. to From 10 ft. to 15 ft. From ft. to GROUT MATERIAL: 1 Neat cement 10 ft. From ft. to 10 louverest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage (5 Other (specify)) 3 Waterlight sever lines 5 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? NA ROM TO UTHOLOGIC LOG FROM TO CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and might record is true to the best of my knowledge and belief. Ka ter Well controlors low completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday/yea) 11/13/05 ft. This Water Well Record was completed on (moiday					_										
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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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.													oies to Kans	as Depar	tment