TO THE THEORY CHESTER AND THE	CODD	W.W.W.W.	per	~				
WATER WELL REAL TOOL OF WATER WELL REAL TOOL OF WATER OF		Form WWC-		Division Section Nu		r Resources; App. No. Township Number		
County: July 10	TER WELL:	Fraction Sub-1/4 N	06 1/4	34	moer	Township Number	Range Number,	
Distance and direction	n from nearest town or c	ity street address of we	il if G	lobal Pos	itioning		egrees, min. of 4 digits)	
					-		- ,	
200 ft No stylle like of so ne Manta Nie I Consitude								
2 WATER WELL OWNER: US Army Corp of Eng RR#, St. Address, Box # : 601 & 1211 St					Elevation:			
RR#, St. Address, Bo	1	Datum:						
City, State, ZIP Code : KANSAS CITY MO (410) 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL				Data Collection Method:				
3 LOCATE WELL'S	4 DEPTH OF COM	PLÉTED WELL	. L.E. 2. 91		ft.			
LOCATION WITH AN "X" IN SECTION BOX: N NWNE W	WELL'S STATIC WATER LEVEL. 19:3							
s	Was a chemical/bacteriological sample submitted to Department? Yes No							
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued								
Direction from well? FROM TO	LITHOLOGI		low many FROM	TO TO		PLUGGING IN		
	1Cret 2		1 IXOIVI	10		1 LUUUINU IN	LINYALD	
	k Gray Silty Cla	y most still Ated				**************************************	Salta Article	
l el l si lich	Gray Silty clay Se	ron Staining Plastic						
81 151 Drag	ne brown olay st	ight moist						
is it Gran	4 4						The state of the s	
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PW CONTINUE L CONCORCA	D T AND OWNERS CO	AND THE PROPERTY OF A PARTY OF A	<u> </u>		1	1 (0)	1 (0)	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) / (2) (3) and this record is true to the best of my knowledge and belief								
under my jurisdiction and was completed on (mo/day/year)								
under the business name	of Environmedal	Photos Cerples In	e bv	(signature	e) P7	1 on (mordayrycar)		
INSTRUCTIONS: Use types	vriter or ball point pen. PLE	E <u>ASE PRESS FIRMLY</u> and <u>P</u>	<i>RINT</i> clearly	. Please fill	in blanks	s, underline or circle the		
three copies to Kansas Departi	nent of Health and Environm to WATER WELL OW							

http://www.kdheks.gov/waterwell/index.html.