AND THE CONTROL OF THE CONTROL OF THE ADMINISTRATION OF THE CONTROL OF THE CONTRO			R WELL RECORD F	orm WWC-5	KSA 82a-1	212	
ange and direction from nearest town or only attended and within city? H. March A. S. M.	OCATION OF WATER		CE UE	·	on Number		Range Number
WEE OF BLANK CASING USED: State, 75 Poor Hote Diameter Securities of the Security of the Secu					7 1	T /O S	R
Sind Address, 80x # Sunds 200 Pools Sunds 200	ance and direction from 3011		<i>1 1 -</i> h	•	15		,
St. Address, Boox # Stitle, ZP Code CATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL Purp test facts: Well water was Est Yield Signify of Coundwater for Encountered WELL'S STATIC WATER LEVEL Purp test data: Well water was Est Yield Signify of Coundwater supply WITH Purp test data: Well water was Est Yield Signify of Signify	ATER WELL OWNE			,			
CASTE WELLS LOCATION WITH A Depth (9) Groundwater Encountered 1 7 it. 2 it. 3			Bushall	le K	2 m 2 1	_	
Depth(s) Goundwater Encountered 1 2 1. 2. It. 2. It. 2. It. 2. It. 3. Well. STATC MATER LEVEL 2. It. below land surface measured on motdayly 6 2 4 7 8 Well. STATC MATER LEVEL 2. It. below land surface measured on motdayly 6 2 4 7 8 8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CATE WELL'S LOC	ATION WITH 4 DEPTH OF C	COMPLETED WELL			07413	
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WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 2 Other (Specify below) 1 Domesti 3 Feedolt 6 Oil field water supply 9 Dewatering 12 Other (Specify below) Was a chemical bacteriological sample submitted to Department? Yes	NW	Est. Yield	6. gpm: Well water	was	ft. afte	r / hours p	oumping ! .Q gpr
A continuous slot Continuo	₩	WELL WATER	TO BE ÚSED AS: 5	Public water	supply 8	Air conditioning 1	
Was a chemical bacteriological sample submitted to Department? Yes	SW	- SF 1				-	, , , ,
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GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft., From	EEN-PERFORATED		/				
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the business name of 12434 014 Manual VI Albara Colored Signature 27 by (signature)	r the business name	of Bushall wat	ten well Dr	dlen &	by (signatur	e) Louis B	whell
STRUCTIONS: 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 Kansa partment of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for you	STRUCTIONS: Use type	writer or ball point pen. PLEASE PRE	SS FIRMLY and PRINT clearl	y. Please fill in bla	anks, underline o	r circle the correct answers. S	end top three copies to Kansas