Lamp: Elisaber H. St. St. 16 SW. 10 SW. 17 T S R WW. Lamp: Elisaber Add direction from passest lown or city steps address of well if located within city? WATER WELL OWNER: CASHEO NU. Depth of COMPLETED WELL The below land surface measured on more dayly: WELL STATIC WATER LEVEL The below land surface measured on more dayly: WELL STATIC WATER LEVEL The below land surface measured on more dayly: WELL WATER TO BE USED AS: 5 Public water supply S Air conditioning 11 Injection well 10 Demester The well was The analysis The well was The analysis The well was WELL WATER TO BE USED AS: 5 Public water supply S Air conditioning 11 Injection well 2 Irrigation Industrial 7 Lawn and garden only 10 Monitoring well Water Well Districted Yes No X TYPE OF BLANK CASING USED 5 Wirought iron 8 Concrete lile CASING JOINTS: Glued Clamped Well Water Well Districted Yes No X TYPE OF SCREEN OR PERFORATION OFENNIS ARE 5 Fiberglass 5 Fiberglass 5 RMF (SR) 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Other (specify) 11 Nu. 11 Nu. 11 Nu. 1	LOCAT	ON OF 14/47	ED MELL.		R WELL RECO	HD For	m WWC-5	KSA 82 tion Number		Number	Range N	Jumber
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WATER WELL OWNER CASHED INC. ### SI. Address. Box # P.D. 32x ### SI. Ad	Distance a	nd direction	from nearest town	or city street ac	dress of well if		ithin city?				M	41-7
### SE Address, Box # File South Sou					wy 40						//\	W-S
A Selection of the Coordinate	WATER	R WELL OW	NER: CASHOO	16					Board :	of Agriculture	Division of Wat	er Resource
COATE WELLS LOCATION WITH J DEPTH OF COMPLETED WELL WAY IN SECURION BOX WELL STATIC WATER LEVEL St. below land surface measured on modayly that the security of the securit	111#, 51. / Site State	Address, Box	Ellenson	ale KS	67429		_		Annlica	tion Number	,	Ci ricocuroc
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1 Steel	-	-			, .							
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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 Sand ton three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one to WATER well OWNER and retain one to WATER WELL OWNER and retain one to WATER WELL OWNER.	under the	business na	ne of Lay	. /1.					1 447/4	WK !	With	7
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