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Distance and direction from nearest town or city street address of well if located within city?  2 WATER WELL OWNER: Coop Grain RRF. St. Address, Box # P. O. Box 8    South of Agriculture, Division of Water Res. Application Number:	4	J		-				4.	CIM		CIAI						
WATER WELL OWNER:   COOp Grain   RR#, St. Address, Box #   P. O. Box 8   P. O. Box 9   P. O. Box 8   P. O. Box 9   P. O. Box 8   P. O. Box 9		<u> </u>	<u> </u>		1	<del>~</del>										limection from	unty:
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5   TYPE OF BLANK CASING USED:							a to Depe	JUITHE	sample at	logical	Jacterior	mcan				S	
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Casing height above land surface 0 in., weight .716 ibs./ft. Wall thickness or gauge No154 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement  1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From 43 ft. to 45 ft. From ft. to From ft. to										ain f	ft	43	to.	in	2	lismeter	
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction	on and	ter my jurisdiction	uaged unde	or (3) plu	nstructed.	(2) reco	nstructed	\$ (1) c	er well was	is wate	ON: Thi	ICATI	FRTIE	NER'S	LANDOW	TOR'S OR	CONTRA
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completed on (mo/day/yr) 3=4-04 and this record is true to the best of my knowledge and belief. Kar	Kansas	lge and belief. K	v knowledae	best of my	ue to the t	ecord is tr	nd this re				-04	3=4				(mo/dav/vr)	,
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under the business name of Woofter Pump and Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Buleau of Water, Tobje		אוו אוו אווער	CHIAN	rzal .								og 3 f 1 f 🗬	446				COLUMN DE
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