COCATION OF WATER WELL Country Edwards Six NR S				R WELL RECORD	Form WWC-5					
Name and direction from nearest town or only street address of well if located within city? 2 M , 3 N of Leyd.s, KERISBS MATER WELL OWNER: Britton Trust Abercrombie Drilling Britten Trust #1	_		Fraction	NTC		_		i	- d	
2 M. 3 N Of Lexis, Kanesas WHITE WELL WORRE Pict Loor Thus th Aberchambis Drilling Board of Agriculture, Division of Water Resource Nations, 201 Union Centricar Nations, 201 Union Central Nat						<u> </u>	J T ≈4	S I	B TOM EVM	
WATER WELL OWNER: Britton Trust Abercrombice Drilling Britten Trust #1. ## St. Address & ** Lexis, \$k.s. & SU Union Center Board of Apriculus, Drovien of Water Recours #1. ## St. Address & St. Lexis, \$k.s. & SU Union Center Board of Apriculus, Drovien of Water Recours #1. ## St. Address & St. Lexis, \$k.s. & SU Union Center Board of Apriculus, Drovien of Water Recours #1. ## St. Address & St. Lexis, \$k.s. & SU Union Center Board of Apriculus, Drovien of Water Recours #1. ## St. Address & St. Lexis, \$k.s. & SU Union Center Board & St. & Su Union Center Board & Su Union Center Bo			-	ouress of well it locate	a within city?					
### St. Address, Box # : LizerLi 3, Kis . St. St. Discover St.				Abercrombie	Drilling		Pri++	en Twist	# 1	
N. Siller, SP Code : 6/1552 Wichitat, Kanses 6/7202 Application Number: T87–394 N. Y.										
LOCATE WELLS LOCATION WITH A Y ** IN SECTION BOX:							- · · · · · · · · · · · · · · · · · · ·			
Dephthoj Groundwater Encourteed 1, 4,5 s. t. below tand surface measured on modayry 9, 12,8/3 s. t. Wells STATIC WATER LEVEL 1, 45 s. t. below tand surface measured on modayry 9, 12,8/3 s. t. Wells STATIC WATER LEVEL 1, 45 s. t. below tand surface measured on modayry 9, 12,8/3 s. t. wells stated was 1 s. after boours pumping per	LOCATE WELL'S	LOCATION WITH								
WELL'STATIC WATER LEVEL	AN "X" IN SECTI	ON BOX:								
Purro test data: Well water was fit after hours pumping gore lest yield .60 gorn: Well water was fit after hours pumping gore lest yield .60 gorn: Well water was fit after hours pumping gore lest yield .60 gorn: Well water was fit after hours pumping gore lest person of the person										
Bet Neld 260 gpm: Well water was fi. after hours pumping gpm g		1 1								
Bote Hote Diameter. 8. in. to. 80	NW	- NE								
WELL WATER TO BE USED AS: 5 Public water supply 9 Air conditioning 11 Injection well 2 Ingristion 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical-bacteriological sample submitted to Department? Yes. No. 11 Water Well Distincted? Yes No Welder Well Distincted? Yes No Threads and State 1 State 2 State 3 State 2 State	_ <u>_ i _ i _ </u>				. 80		and	in.	to	
2 Infigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes No. If yes, mo'day'y sample was su mitted Was a Chemical/bacteriological sample submitted to Department? Yes No. If yes, mo'day'y sample was su Water Well Disenfected? Yes No Water Well Disenfected? Yes No. TYPE OF BLANK CASING USED: 5 Wought Iron 8 Concrete tills CASING JOINTS. Glued Water ABS 7 Fiberglass Threadod. Marciang disenter 5. In to 60 1t, Dia In to 1th Dia 1th	" !	!!	WELL WATER 1	TO BE USED AS:				_	-	
Was a chemical/bacteriological sample submitted to Department? Yes No	sw -	X se	1 Domestic							
The CP BLANK CASING USCD: 5 Wrought Iron 8 Concrete title CASING JOINTS: Glued Clamped		Ī		4 Industrial	7 Lawn and g	arden only	10 Observation w	ell		
TYPE OF BLANK CASING USED: 1 Stoel 3 RIMP (SR) 2 ABS 7 Fiberglass Ank casing delimeter 5 in. to 69 ft. Dia in. to ft. Dia in. dia ft. Dia in. ft. Dia ft. Dia in. ft. Dia ft.	<u> </u>			bacteriological sample	submitted to De					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded. 7 Fiberglass Threaded. 1 Resing helphit above land surface. 1 In , weight 2-6 bs./ft. Wall thickness or gauge No. Scit. 40. 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 5 Fiberglass 8 RMP (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 5 Fiberglass 8 RMP (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 5 Fiberglass 8 RMP (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 5 Fiberglass 9 RMP (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 5 Fiberglass 9 RMP (SR) 11 Other (specify). 2 Brass 5 Gauzed wrapped 9 Diffield holes 9 Diffi	TYPE OF BLANK	CACING LICED:	mitted	E Manualtina	9 Canara		*			
2 PVC 4 ABS 7 Fiberglass Threaded and control of the control of th			: : !	_						
ank dasing dismeter 5. in. to 69 ft. Dia in. to ft. Dia ft		,	····y				•			
asing height above land surface. 12. In, weight 2x8. Ibs./ft. Wall thickness or gauge No. Sch., 40. VPC OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stanless steel 5 Fiberglass 9 RMP (SR) 11 Other (specify)			.in. to . 60							
YPE OF SCREEN OR PERFORATION MATERIAL: 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) CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Drilled holes 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From. 60 ft. to 80 ft. From ft. to ft. From ft. to ft. From ft. From ft. From ft. To ft. From ft. From ft. From ft. To ft. From f				. •						
CREEN OR PERFORATION OPENINGS ARE:	1 Steel	3 Stainles	s steel	5 Fiberglass	8 RM	P (SR)	11 Otl	ner (specify) .		
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From	2 Brass	4 Galvania	zed steel	6 Concrete tile	9 ABS	3	12 No	ne used (ope	n hole)	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From 60 to 80	•				• •				11 None (open hole)	
CREEN-PERFORATED INTERVALS: From										
From ft. to ft. From ft. From ft. From ft. To ft. From										
GRAVEL PACK INTERVALS: From. 20 ft. to 80 ft., From ft. to ft. from ft. ft. from ft. to ft. from ft. ft. from ft. to ft. from ft.	CREEN-PERFORA	TED INTERVALS:								
From ft. to ft., From ft. to ft. GROUT MATERIAL: 1 Neat coment 2 Cement grout 3 Bentonite 4 Other strout Intervals: From . 0 ft. to 20 ft., From ft. to ft., From ft., It is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? 60 How many feet? 60 Clay 20 Clay How many feet? 60 LITHOLOGIC LOG FROM TO LITHOLOGIC LOG UITHOLOGIC LOG TO LITHOLOGIC LOG TO LIT	CDAVEL E	ACK INTERVALS								
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other circuit intervals: From . 0 . ft. to . 20 . ft. From . ft. to . ft. ft. From . ft. to . ft. ft. from . ft. to . ft. ft. ft. ft. ft. ft. ft. ft. ft. f	GRAVEL P	ACK INTERVALS:								
Trout Intervals: From	GROUT MATERIA	Al: 1 Neat	***							
Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 15 Insection from well? South 16 Other (specify below) 16 Other (specify below) 17 Insection from well? South 17 Other (specify below) 17 Insection from well? South 17 Other (specify below) 18 Insecticide storage 18 Insecticide storage 19 Other (specify below) 19 Insection from well? South 18 Insecticide storage 19 Insecticide storage 19 Insecticide storage 19 Insection from well? South 18 Insecticide storage 19				•						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage intection from well? South How many feet? 60 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG 0 20 Clay 20 80 Sand and gravel CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and water well contractor's License No. 136. This Water Well Record was completed on (mo/day/yer) 9/18/87				•						
3 Waterlight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? 60 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG O 20 Clay 20 80 Sand and gravel CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and water well contractor's License No. 186. This Water Well Record was completed on (mo/day/year) -9/18/87. Alter Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Department of Health and Environment, Bureau of Water Protection, Topka, Kansas 66c20-7320, Telephone 913-86c-9300. Send one to WATER WELL OWNER and retain one for your	1 Septic tank	4 Later	ral lines	7 Pit privy		11 Fuel	storage	15 Oil	well/Gas well	
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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. 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) 9/18/87. CONTRACTOR'S OR LANDOWNER'S CER	2 Sewer lines 5 Cess pool			8 Sewage lag	oon 12 Fertilizer		ilizer storage	16 Ott	ner (specify below)	
FROM TO LITHOLOGIC LOG O 20 Clay 20 80 Sand and grave1 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) 9/18/87. and this record is true to the best of my knowledge and belief. Kansar/later Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. INSTRUCTIONS: Use typewriter or bail 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your	3 Watertight se	wer lines 6 Seep	page pit	9 Feedyard		13 Inse	cticide storage			
20 80 Sand and grave1 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) .9/18/87. and this record is true to the best of my knowledge and belief. Kansar later Well Contractor's License No		South			1		any feet? 60			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was empleted on (mo/day/year) 9/18/87. and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yer) 11/16/87. where the business name of Kelly's Water Well Service by (signature) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your		Clare	LITHOLOGIC	LOG	FROM	10		LITHOLOGIC	C LOG	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was impleted on (mo/day/year) 9/18/87. and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 11/16/87. der the business name of Kelly's Water Well Service by (signature) by (signature) by (signature) by (signature) Department 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 your			gravel		+					
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Indeer the business name of Kelly's Water Well Service by (signature) by (signature) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your	~~ ~~	TALLE CLEAN	0-410-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your									**************************************	
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Service by (signature) 9/18/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your										
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Service by (signature) 9/18/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your				1			**************************************			
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Indeer the business name of Kelly's Water Well Service by (signature) by (signature) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your										
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Indeer the business name of Kelly's Water Well Service by (signature) by (signature) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your					-					
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Indeer the business name of Kelly's Water Well Service by (signature) by (signature) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your				w						
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your					_ .					
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Indeer the business name of Kelly's Water Well Service by (signature) by (signature) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your							<u></u>			
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your										
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. Service by (signature) 9/18/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your					-					
and this record is true to the best of my knowledge and belief. Kansas ater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr) 11/16/87. 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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your										
completed on (mo/day/year) . 9/18/87	<u> </u>	L			1 1					
tater Well Contractor's License No. 186. This Water Well Record was completed on (mo/day/yr)										
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your	•		*							
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your							. 0	σ		
Department 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 your	INSTRUCTIONS: Lies					D14 (01000				
records.	INDITION DOMESTICATION	typewriter or ball poir	s Water We nt pen. <i>PLEASE PRES</i>	L Service SS FIRMLY and PRINT cles	ırly. Please fill in h	lanks. underlir	ne or circle the correct	answers. Send	top three copies to Kansas	
						lanks, underlir	ne or circle the correct	answers. Send	top three copies to Kansas	