RR#, St. Address, Box #: City, State ZIP Code: 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: NW NE NE 1 Domestic 5 F 2 Irrigation 6 O 3 Feedlot 7 I 4 Industrial 8 N Was a chemical/bacteriolog S 5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Blank casing diameter 6 in. Was casing pulled? Yes 1 Casing height above or below land surface 1 Neat cement 2 Cement growth and surface 1 Neat cement 2 Cement growth and surface 2 Cement gr	Pobal Positioning Systems (decimal degrees, minitude: Ingitude: In	Vell No 🔀
RR#, St. Address, Box #: City, State ZIP Code: City, State ZIP Code: City, State ZiP Code: Cit	itude: ngitude: vation: vation: ca Collection Method: 5 ft. LEVEL / 2 ft Public Water Supply 9 Dewatering Dil Field Water Supply 10 Monitoring Domestic (Lawn & Garden) 11 Injection W Air Conditioning 12 Other ical sample submitted to Department? Yes 9 Other (Specify below) Tile	Vell No 🔀
RR#, St. Address, Box #: City, State ZIP Code: City, State ZIP Code: City	run: a Collection Method: b 50 ft. LEVEL / 2 ft Public Water Supply 9 Dewatering Oil Field Water Supply 10 Monitoring Domestic (Lawn & Garden) 11 Injection W Air Conditioning 12 Other ical sample submitted to Department? Yes 9 Other (Specify below) File	Vell No 🏂
City, State ZIP Code: Data	a Collection Method: Tevel 12 ft Public Water Supply 9 Dewatering Oil Field Water Supply 10 Monitoring Domestic (Lawn & Garden) 11 Injection W Air Conditioning 12 Other ical sample submitted to Department? Yes 9 Other (Specify below) Tile	Vell No 🄽
WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER	Public Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Air Conditioning 11 Injection W 12 Other ical sample submitted to Department? Yes 9 Other (Specify below) Tile	Vell No 🗶
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COMITION OF COMITION OF THE WINDOWS AND THE COMPANY OF THE COMPANY		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: The completed on (mo/day/year) and this record is to the work of the contractor's License No and this record we consiness name of by (s		
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INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and correct answers. Send top three copies to Kansas Department of Health and Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-55 records. Visit us at http://www.kdheks.gov/geo/waterwells.	rue to the best of my knowledge and belief. It was completed on (mo/day/year)ignature)	Kansas Water under the