COATROO OF WATER WELL   Fraction   Name   Name   Name   Township Number   Table 5   Range Number   Name	BECK	7/	WATE	R WELL RECORD	Form WWC-5	KSA 82a	-1212	
stance and "schon from nearest town or oily street address of well it located within oily?"  IN THE WELL OWNER: WITH A STATE OF TWANTY STATES Board of Agriculture, Division of Water Resource Application Number:  IN SA Address, De Code FRA TY IS C7124  IN SECTION BOX:  Depth OF COMPLETED WELL  ON THE EEVATION:  AN X IN SECTION BOX:  Depth OF COMPLETED WELL  ON THE LEVATION:  AN X IN SECTION BOX:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter measured on modayy:  Pump test data: Well water was the starter was			Fraction	1	, Sec	tion Number		
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Re, St. Address, Box # : 3/ Or AMP   No. 10, 200   R. ALT   N. 3   C. 71,24   S. 22   Apple and of Apriculture, Division of Water Resource   Apple and Number   Apple	54.1V F	24E	of Lu	KAJ KSI	1		<del></del>	
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2 Infigation 4 Industrial 7 Lawn and garden only 10 Observation well Water when Designed certification and partners of the Service No.  If yes, moritary yr sample was sut Water Well Disinfected? Yes No.  TYPE OF BLANK CASING USED:  S Wrought iron 8 Concrete tile CASING JOINTS, Glued. Clamped.  1 Stell 3 SIMP (SR) 6 Abbestos-Cement 9 Other (specify below) Welsted.  PVO. 4 ABS 7 Fiberglass 1 Threaded.  In to 100 ft. Dia. In 10 ft. Dia. In	-   1		1 Domestic	WA3 Feedlot	Oil field wa	ter supply	9 Dewatering 12	Other (Specify below)
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OFF 3 Ft, BELOW GROWND BURELLAND BUR		CASIN	0 (12111	Br cout			OE WATER	
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der the business name of TRANS PAC DRIG. T.N.C. OP By (signature) by (signature) STECKUS 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 ree copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WELL								
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