Cocardy Form Fraction Fra			WATE	WATER WELL RECORD Form WWC-5 KSA 82a-121				IR-7		
Distance and direction from nearest town or city street address of well if coated within city? WATER WELL OWNER Excel Cur professor			Fraction		Sec		r Township N		Range Number	
WATER WELL OWNER. Excel. Co-partition. Ref. St. Address. Box * P. 0. 360 No. No. No. 1							1 21		1 R 24 E	
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Search S	1 Steel	3 RMP (SR	1)	6 Asbestos-Cement	9 Other	(specify bel	ow)	Weld	led	
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	completed on (mo/day	- 1 - 1 -	18 <u></u>							
Vater Well Contractor's License No. 570 This Water Well Record was completed on (mb/day(w)) 5/24/98		r's License No	570	This Water W				5/246/	98	
nder the business name of AQUADRILL, INC. by (signature) with the business name of AQUADRILL, INC.	nder the business na	ame of 🙏	PUADRIL	L, INC.			1 1/1/1	1 Jan	lyn	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send too three copies to Kansas Departme of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.										