

Distance and direction from nearest town or city street address of well if located within city?

6614 MORTON ELKHART

3	LOCATE WELL'S LOCATION WITH	4	DEPTH OF COMPLETED WELL	210	ft.	ELEVATION:	3596.11
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WELL'S STATIC WATER LEVEL 185.90 ft. below land surface measured on mo/day/yr 9-9-05

[illegible][illegible]

Blank casing diameter 4 in. to 180 ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.

Casing height above land surface 0.1 in weight _____ lbs/ft Wall thickness or gauge No _____

SCREEN DEGRADATED INTERMEDIATE 5 180 710

1. *Journal of Management Studies*, 1997, 34, 1, 1-15.

6	GROUT MATERIAL : 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other
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Grout Interval:		From	ft to	178	ft	From	ft to	ft	From	ft to	ft
0	Grout Interval:	From	ft to	178	ft	From	ft to	ft	From	ft to	ft

Grout intervals. From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.

Direction from well? _____ How many feet? _____

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION THAT	(b) (1)	(b) (2)	(b) (3)	(b) (4)	(b) (5)	(b) (6)	(b) (7)	(b) (8)	(b) (9)	(b) (10)	(b) (11)	(b) (12)	(b) (13)	(b) (14)	(b) (15)	(b) (16)	(b) (17)	(b) (18)	(b) (19)	(b) (20)	(b) (21)	(b) (22)	(b) (23)	(b) (24)	(b) (25)	(b) (26)	(b) (27)	(b) (28)	(b) (29)	(b) (30)	(b) (31)	(b) (32)	(b) (33)	(b) (34)	(b) (35)	(b) (36)	(b) (37)	(b) (38)	(b) (39)	(b) (40)	(b) (41)	(b) (42)	(b) (43)	(b) (44)	(b) (45)	(b) (46)	(b) (47)	(b) (48)	(b) (49)	(b) (50)	(b) (51)	(b) (52)	(b) (53)	(b) (54)	(b) (55)	(b) (56)	(b) (57)	(b) (58)	(b) (59)	(b) (60)	(b) (61)	(b) (62)	(b) (63)	(b) (64)	(b) (65)	(b) (66)	(b) (67)	(b) (68)	(b) (69)	(b) (70)	(b) (71)	(b) (72)	(b) (73)	(b) (74)	(b) (75)	(b) (76)	(b) (77)	(b) (78)	(b) (79)	(b) (80)	(b) (81)	(b) (82)	(b) (83)	(b) (84)	(b) (85)	(b) (86)	(b) (87)	(b) (88)	(b) (89)	(b) (90)	(b) (91)	(b) (92)	(b) (93)	(b) (94)	(b) (95)	(b) (96)	(b) (97)	(b) (98)	(b) (99)	(b) (100)
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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