

1 LOCATION OF WATER WELL:		Fraction $\frac{1}{4}$ S $\frac{1}{2}$ SW $\frac{1}{4}$	Section Number 23	Township Number T 18 S	Range Number R 11 E/W
County: LYON					
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: MERLYN LYON					
RR#, St. Address, Box # : 1862 RD. S					
City, State, ZIP Code : EMPORIA, KS 66801					
Board of Agriculture, Division of Water Resources					
Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL..... ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.			
		WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was..... ft. after..... hours pumping..... gpm			
		Est. Yield..... gpm: Well water was..... ft. after..... hours pumping..... gpm			
		Bore Hole Diameter..... in. to..... ft., and..... in. to..... ft.			
WELL WATER TO BE USED AS:					
1 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well					
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Dewatering 12 Other (Specify below)					
Was a chemical/bacteriological sample submitted to Department? Yes.....No.....; If yes, mo/day/yr sample was sub-					
mitted Water Well Disinfected? Yes No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued.....Clamped.....					
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded.....					
Blank casing diameter.....in. to.....ft., Dia.....in. to.....ft., Dia.....in. to.....ft.					
Casing height above land surface.....in., weight.....lbs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes					
7 Torch cut 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From.....ft. to.....ft., From.....ft. to.....ft.					
GRAVEL PACK INTERVALS: From.....ft. to.....ft., From.....ft. to.....ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From.....4.5.....ft. to.....5.....ft., From.....ft. to.....ft., From.....ft. to.....ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)					
Direction from well? How many feet? SURFACE WATER					
7 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)..... and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) 8-26-97					
under the business name of by (signature) Merlyn Lyon					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					