

1 LOCATION OF WATER WELL:		Fraction			Section Number		Township Number		Range Number	
County:	Sedgwick	SE	$\frac{1}{4}$	SW	$\frac{1}{4}$	SW	$\frac{1}{4}$	34	T 26 S	R 1 E

Along Hydraulic St. between I-135 and Grove St. – Wichita

Application Number:

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 **8** in. to **27** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feed lot	6 Oil field water supply	8 Air conditioning	11 Injection well
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)	9 Dewatering	12 Other (Specify below)
			10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No **X**

[illegible]

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.