

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County:	Sedgwick	SE ¼ SW ¼ SW ¼	33	T 26 S	R 1 E

Board of Agriculture, Division of Water Resources
Application Number: _____

4 DEPTH OF COMPLETED WELL	23	ft. ELEVATION:	1318.97 (TOC)
Depth(s) Groundwater Encountered	1 14	ft. 2	ft. 3
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	8.25	in. to	23
		ft. and	in. to
WELL WATER TO BE USED AS:			
1 Domestic	3 Feed lot	5 Public water supply	8 Air conditioning
		6 Oil field water supply	9 Dewatering
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)	11 Injection well
			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			

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