

135 1 1/2 W. of Kove

Board of Agriculture, Division of Water Resources
Application Number:

Depth(s) Groundwater Encountered 1 20 ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield 2 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS:
5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well 57.5

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

From ft. to ft., From ft. to ft.

[illegible]

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answer. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.