

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

Depth(s) Groundwater Encountered 1. 18 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 8-28-92

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:

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

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

Water Well Disinfected? Yes X No _____

GRAVEL PACK INTERVALS:

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

How many feet?

[illegible]

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) 8-28-92 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) 9-29-92 under the business name of Hopper Construction Co Inc by (signature) Ann W. Hopper

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.