

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	SE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	6	T 16 S	R 2

Application Number: 38545

WELL'S STATIC WATER LEVEL ..... 19 .. ft. below land surface measured on mo/day/yr ..... 9/1/87 .....

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm

Est. Yield ..... 1500 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

Bore Hole Diameter ..... 30 in. to ..... 70 ..... ft., and ..... in. to ..... ft.

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 Lawn and garden only	10 Observation well	

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

Water Well Disinfected? Yes	X	No
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[illegible]

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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.