

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: STAFFORD	SE ¼ SE ¼ SE ¼	33	T 21 S	R 12 E/W

5-N 1-E OF HUDSON, KS.

Application Number:

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

WELL'S STATIC WATER LEVEL . . . 1.4 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 . . . 9 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	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Monitoring well	

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

Water Well Disinfected? Yes ☒ No

SCREEN-PERFORATED INTERVALS:	From 7.7 ft. to 8.7 ft.,	From ft. to ft.
	From ft. to ft.,	From ft. to ft.
GRAVEL PACK INTERVALS:	From 23 ft. to 8.7 ft.,	From ft. to ft.
	From ft. to ft.,	From ft. to ft.

Direction from well? _____ How many feet? _____

[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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.