

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																																					
County: PAWNEE		SW 1/4 SW 1/4 SW 1/4		#8 36		T 23 S		R 15 EW																																																																																					
Distance and direction from nearest town or city street address of well if located within city?																																																																																													
2- N 3- W of Dillwyn, KS.																																																																																													
2 WATER WELL OWNER: BILL MUNZ																																																																																													
RR#, St. Address, Box # : BOX 71																																																																																													
City, State, ZIP Code : HUDSON, KS. 67545																																																																																													
Board of Agriculture, Division of Water Resources																																																																																													
Application Number:																																																																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																																																													
4 DEPTH OF COMPLETED WELL: 61 ft. ELEVATION:																																																																																													
<div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 2;"> <p>Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.</p> <p>WELL'S STATIC WATER LEVEL . . . 28 . . . ft. below land surface measured on mo/day/yr</p> <p>Pump test data: Well water was ft. after hours pumping gpm</p> <p>Est. Yield gpm: Well water was ft. after hours pumping gpm</p> <p>Bore Hole Diameter . . . 9 . . . in. to ft., and in. to ft.</p> <p>WELL WATER TO BE USED AS:</p> <table style="width:100%;"> <tr> <td>5 Public water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>X Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> </tr> <tr> <td></td> <td></td> <td>10 Observation well</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected? Yes X No</p> </div> </div>										5 Public water supply	8 Air conditioning	11 Injection well	X Domestic	3 Feedlot	6 Oil field water supply	2 Irrigation	4 Industrial	7 Lawn and garden only			10 Observation well																																																																								
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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) . . . 3-25-88 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . 462 This Water Well Record was completed on (mo/day/yr) . . . 4-26-88 under the business name of Sam's Water Well by (signature) <i>Lara Rayburn</i>																																																																																													
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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.																																																																																													