

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Fraction: <u>NE 1/4 NW 1/4</u> Section Number: <u>23</u> Township Number: <u>26</u> Range Number: <u>3E</u>	Distance and direction from nearest town or city street address of well if located within city? <u>532 NE 24th St - East 1st St Lot #9 Antlers Pt - Andale, KS</u>																									
2 WATER WELL OWNER: <u>Gavin Seiler</u>																										
RR#, St. Address, Box # : City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																										
DEPTH OF COMPLETED WELL: <u>110</u> ft. ELEVATION: <u>Westwell</u> Depth(s) Groundwater Encountered: <u>40</u> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL: <u>40</u> ft. below land surface measured on mo/day/yr <u>5-17-04</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield: <u>20</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> <td>9 Dewatering</td> <td>11 Injection well</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Domestic (lawn & garden)</td> <td>10 Monitoring well</td> <td>12 Other (Specify below)</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No _____			1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	11 Injection well	2 Irrigation	4 Industrial	7 Domestic (lawn & garden)	10 Monitoring well	12 Other (Specify below)														
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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) <u>5-17-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>38</u> This Water Well Record was completed on (mo/day/yr) <u>5-19-04</u> under the business name of <u>Wining Drilling Inc.</u> by (signature) <u>Orville Hogg</u>																										
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, 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.																										