

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																															
County: Kingman		SE 1/4 N 1/2 SW 1/4 NW 1/4		28		T 30 S		R 9 W E/W																																																																															
Distance and direction from nearest town or city street address of well if located within city? 2 W 2 S Zenda																																																																																							
2 WATER WELL OWNER: Karl Werner																																																																																							
RR#, St. Address, Box # : Zenda, Ks. 67159																																																																																							
City, State, ZIP Code : _____ 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: 64 ft. ELEVATION: _____																																																																																					
		Depth(s) Groundwater Encountered 1. 23 ft. 2. _____ ft. 3. _____ ft.																																																																																					
		WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 5-9-94																																																																																					
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																					
		Est. Yield 15 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																					
		Bore Hole Diameter 9 in. to 64 ft. and _____ in. to _____ ft.																																																																																					
WELL WATER TO BE USED AS:																																																																																							
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____																																																																																							
Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																							
5 TYPE OF BLANK CASING USED:																																																																																							
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Blank casing diameter 5 in. to 45 ft., Dia 5.55 in. to 64 ft., Dia _____ in. to _____ ft.																																																																																							
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. 210																																																																																							
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Direction from well? east How many feet? 60																																																																																							
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5-9-94 and this record is true to the best of my knowledge and belief. Kansas																																																																																							
Water Well Contractor's License No. 140 This Water Well Record was completed on (mo/day/yr) 6-01-94																																																																																							
under the business name of Lyman Inc. by (signature) <i>Alan Lyman</i>																																																																																							