

1 LOCATION OF WATER WELL: County: GRAHAM	Fraction SE $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number 17	Township Number T 9 S	Range Number R 23 E
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7 miles South and 3 1/2 West of Hill City, KS

Board of Agriculture, Division of Water Resources
Application Number: _____

Depth(s) Groundwater Encountered 1. 20 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr 2-21-95

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

Est. Yield 10 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 10 in. to 28 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> Domestic	5 Public water supply	8 Air conditioning	11 Injection well
<input type="checkbox"/> 2 Irrigation	3 Feedlot	6 Oil field water supply	9 Dewatering
<input type="checkbox"/> 4 Industrial	7 Lawn and garden only	10 Monitoring well	12 Other (Specify below)

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

Water Well Disinfected? Yes _____ No ☒

GRAVEL PACK INTERVALS: From 20 ft. to 28 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

Direction from well? _____ How many feet? **300 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.