

| M | _ | | RECORD | Form | | 5 | 7231 | | sion of Wate | | | | | |
|--|---|----------------|----------------------------|--|-------------------|----------------------------|--|-------------|--|--|-------------------------------|----------------------------|-----------------|--|
| | Original Record Correction Chang | | | | | | | | sources App. No. | | | Well ID er Range Number | | |
| I | County: | | | | | | Section Number | | er | | | $\Box E \Box W$ | | |
| 2 | | · OWNER: | Last Name: | | | | | r Rura | al Address where well is located (if unknown, distance and | | | | | |
| - | Business: | 0 11 220 | Last I (amo | 1 1100 | | | earest town or intersection): If at owner's address, check here: | | | | | | | |
| | Address: Address: | | | | | | | | | | | | | |
| | City: | | | State: | ZIP: | | | | | | | | | |
| 3 | LOCAT | E WELL | | | IPLETED WELL: ft. | | | C. | | | | | | |
| | WITH "A' IN Depth(s) Groundwater | | | Encountered: 1) ft. | | | | 5 Latitude: | | | | | | |
| | | | | | | (1) ft., or (4) Dry Well | | | | Longitude: | | | | |
| | | | WELL'S ST | WELL'S STATIC WATER LEVEL: ft. | | | | | | Source for Latitude/Longitude: ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | I | | | below land surface, measured on (mo-day-yr) | | | | | | | | | | |
| | NW | | | D above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. | | | | | | | | | | |
| W K | | | - 0 | after hours pumping | | | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | |
| | | | | Well water was ft. | | | | | | | | | | |
| | SW | SE | | after hours pumping gpm | | | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | | S | | Estimated Yield:gpm Bore Hole Diameter: in. to ft. ar | | | | | Source: Land Survey GPS Topographic Map | | | | | |
| | 1 n | | Bole Hole L | in. to ft. | | | | | | | | | | |
| 7 | 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| | Domestic: | | | 5. 	Public Water Supply: well ID | | | | | | | ld Water Supply: le | | | |
| | House | | | 6. Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | | | |
| | \Box Lawn δ | | | 7. 🗌 Aquifer Recharge: well ID | | | | | Cased Uncased Geotechnical | | | | | |
| | Livesto | | | 8. Monitoring: well ID9. Environmental Remediation: well ID | | | | | | 12. Geothermal: how many bores?a) Closed Loop ☐ Horizontal ☐ Vertical | | | | |
| | ☐ Feedlo | | | ☐ Air Sparge ☐ Soil Vapor Ext | | | | | b) Open Loop 🗌 Surface Discharge 🗌 Inj. of Wa | | | | | |
| 4. | 🗌 Industr | ial | | □ Recovery □ Injection | | | | | 13. 🗌 Other (specify): | | | | | |
| W | 'as a chei | nical/bact | eriological san | nple subm | itted to 1 | KDHE? |]Yes 🗌 | No | If yes, date | e san | nple was submitte | d: | | |
| | | | 1? 🗌 Yes 🔲 | | | | | | | | | | | |
| | | | | | | | | | | | Glued Clamped | | d 🗌 Threaded | |
| | | | | | | | | | | | or gauge No. | | | |
| | | | | | | | 10 | s./1t. | vv all tiller | ciless | of gauge No | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify) | | | | | | | | | | | | | | |
| Brass Galvanized Steel Concrete tile None used (open hole) | | | | | | | | | | | | | | |
| SC | | | RATION OPE | | | | | | | _ | | | | |
| | | uous Slot | ☐ Mill Slot ☐ Key Punch | | uze Wrap | | | | illed Holes one (Open H | | Other (Specify) | ••••• | | |
| SC | | | | | | | | | | | ft., From | | ft. | |
| | | | | | | | | | | | | | | |
| | GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft. 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | | |
| | | | | | . ft., Fron | n | . ft. to | | ft., From | | ft. to | ft. | | |
| | earest sour | | ble contaminati | o n: Lateral Line | а г | ☐ Pit Privy | | | Livestock Pe | | 🗖 Incostic | ida Storaga | | |
| | Sepuc | | | Cess Pool | | Sewage L | agoon | | Fuel Storage | | | cide Storage oned Water | | |
| | | ght Sewer I | | Seepage Pit | | Feedyard | | | Fertilizer Sto | | | ll/Gas Well | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | ft. | | CINTEDVALS | |
| 10 | FROM | TO | L | ITHOLOG | JU LUG | r | FRC | IVI | 10 | LII | HO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | N T 4 | | | | | | | |
| Notes: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 11 | CONT | RACTOR | 'S OR LAND(| WNER'S | CERT | IFICATIO | N: This | water | well was | | onstructed, 🗌 reco | onstructed. | or 🗌 plugged | |
| un | der my ju | irisdiction | and was compl | eted on (n | o-day-ye | ear) | | and th | his record i | is tru | e to the best of my | y knowled | ge and belief. | |
| Ka | ansas Wa | ter Well C | ontractor's Lice | ense No | | This W | ater Wel | l Reco | ord was cor | nple | ted on (mo-day-ye | ear) | | |
| un | uer the b | usiness nai | Send one copy to | WATER W | ELL OWN | IER and retain | n one for vo | ur recor | ds. Fee of \$5 | 5.00 f | or each <u>constructed</u> we | | | |
| | KS Departn | nent of Health | | | | | | | | | ka, Kansas 66612-136 | 7. Telephon | e 785-296-3565. | |