WATE	R WELL	RECORD	Form '	WWC-5	D	ivision of Wate	r			
Original Record Correction Change				Resources App. No.			Well ID Well			
1 LOCATION OF WATER WELL: County: STAFFOY d				Fraction						
2 WELL	OWNER	Last Name:		1/4 MW/4 MW 1/		18	T 24 S	R/ZDEXW		
2 WELL OWNER: Last Name: McMillan First: 70M S						Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:				
Address: 344 E. Huy 50						From STAFFERED 4/2 WEST on HWY SO NW TO				
City: STAFFORD State: KS ZIP: 67578 Well on EAST Side of HE 302 Auc.										
3 LOCATE WELL										
	1 10 11 10 11 11 11 11 11 11 11 11 11 11						a defices)			
i i	SECTION BOX: Depth(s) Groundwater Encountered: 1)					Longi	Longitude:			
	WELL'S STATIC WATER LEVEL: 22						Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:			
'		🔀 below	land surface, measured on (mo-day-yr). 8-9-17				GPS (unit make/model:)			
NW -	NE	∐ above	land surface,	, measured on (mo-day	-yr)		(WAAS enabled? ☐ Yes ☐ No)			
w x		after	data: Well W	vater wass pumping	tt.		☐ Land Survey ☐ Topographic Map			
" *	1 '	,	Well w	vater was	ft.	⊔ Or	iline Mapper:			
3w	SE	after	hours	hours pumping gpm						
 	Estimated Yield:			gpm 4-2		6 Elevat	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
1	mile	Bore Hole								
1 mile in. to ft.										
1. Domestic: 5. Dublic Water Supply: well ID 10 Dil Field Water Supply: leace										
	Household 6. Dewatering: how many wells?					11. Test H	11. Test Hole: well ID			
_	Lawn & Garden 7. Aquifer Recharge: well ID					☐ Cas	☐ Cased ☐ Uncased ☐ Geotechnical			
2. Irrigat							12. Geothermal: how many bores?			
3. Teedlo	3. Feedlot Air Sparge Soil Vapor Extr					,	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industrial Recovery Injection								scharge [] Inj. of water		
Was a chemical/bacteriological sample submitted to KDHE? Tyes No. If yes, date sample was submitted:										
Water well disinfected? ► Yes No										
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.										
Casing diam	ICICI	m. to	II.,	Diameter	ın. to	ft Diame	ter in. to	ft.		
Casing height above land surface in. Weight SDR Zb. lbs./ft. Wall thickness or gauge No										
Ctool Claiming Of the Charter than the Control of t										
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
Douvered Stitute										
SCREEN-PERFORATED INTERVALS: From 62 ft. to 42 ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 62 ft. to 22 ft., From ft. to ft., From ft. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.										
T From the Cross A to A										
rearest sou	rce of possit	de contaminati	ion:			201, 2 2011		16.		
☐ Septic			Lateral Lines			Livestock Pens				
Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Other (Specify)										
Direction from well? Distance from well?										
10 FROM	TO		TIHOLOG	IC LOG	FROM			PLUGGING INTERVALS		
O	6		An SA							
6	20	Tan SI	mdy Cl	sy						
20	65	Med T	m' Sm	ي.	ļ					
			··· · · -							
										
					Notes:					
					1.000					
under my invisidation and was a CERTIFICATION. This water well was constructed, reconstructed, or plugged										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year). It is water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year). It is water well Record is true to the best of my drowledge and belief. This water Well Record was completed on (mo-day-year). It is water well Record was completed on (mo-day-year).										
ander the business fidine of the control of the con										
Ivian I	wnite copy at	ong with a fee of	\$5.00 for each	constructed well to: Kans	sas Department	of Health and Ex	Aronment Russia Wat	er, GWTS Section,		
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										