WATER	R WELL	RECORD	Form '	WWC-5	Di	vision of Wate	er			
Origin:	al Record	Correction	Correction		Resources App. No.			Well ID		
1 LOCA	1 LOCATION OF WATER WELL: Fraction				Section Number Township Number Range Number					
Count	y: <i>514</i>	ffor d		"NE"NE Y	4 NW 1/4	19	T 24 S	R /Z DE DXW		
2 WELL OWNER: Last Name: Mc millam First: That Street or Rural Address where well is located (if unknown, distance and										
direction from negrect town or intersection): If at oxymer's address shock have:										
Address: 344 E. Hwy 50  4/2 miles west of STAFFord on Hwy 57										
City: STAFFEE State: KS ZIP: 67578 & South To well										
3 LOCATE WELL										
WITH "X" IN  4 DEPTH OF COMPLETED WELL: 6. 5 Latitude:										
1	ECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:(decimal degrees)			
	WELL'S STATIC WATER LEVEL:						Horizontal Datum: WGS 84 NAD 83 NAD 27			
X	below land surface, measured on (mo-da						Source for Latitude/Longitude:  GPS (unit make/model:)			
1 1 -	NW NE above land surface, measured on (mo-c					🗀 G	(WAAS enabled? Yes No)			
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map				
w	E after hours pumping						Online Mapper:			
sw	SE		Well w	vater was	ft.		PF			
	1	after	after hours pumping g			6 Flove	tion: A	Crowd Law 1 Fl TOC		
L	S	Estimated Yield:gpm  Bore Hole Diameter: 10.5/8 in. to80			0 . 1	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map				
1	mile	Bole Hole D	in to			ft.				
mile  in. to										
1. Domestic				ter Supply: well ID		10 🗀 0	Field Water Cumple: 1	200		
☐ House	- Li					10. ☐ Oil Field Water Supply: lease				
☐ Lawn	Lawn & Garden 7. Aquifer Recharge: well ID									
Livest	estock 8. Monitoring: well ID						12. Geothermal: how many bores?			
2. Irrigat		9. Environmental Remediation: well ID					a) Closed Loop			
_	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj							scharge 🔲 Inj. of Water		
4. Industrial Recovery Injection 13. Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:										
Water well disinfected?   XI Yes   T No										
8 TYPE OF CASING USED:  Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter fit, Diameter in to fit, Diameter in to fit.  Casing height above land surface in Weight SDR ZE lbs./ft. Wall thickness or gauge No.										
Casing diameter in. to										
Casing height above land surface										
THE OF SCREEN OR FERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☒ PVC ☐ Other (Specify)										
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot ☑ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PACK INTERVALS: From £0. ft. to £0. ft., From ft. to ft.										
S GROUI MAILRIAL:   Neat cement   Cement grout   M Rentonite   Other										
Grout intervals: From										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
☐ Watertign Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Other (Specify) Direction from well?  Distance from well?										
10 FROM	TO		THOLOG		FROM		ft.	DI LICCING INTERVALO		
Ø	5		me S		I KOW	10	LITTO, LOG (cont.) or	PLUGGING INTERVALS		
	15		Clay	75.6	<del>-</del>					
- 5 15	28		ClAu			<u> </u>				
28	75		TAN 5	mal	<del> </del>	<del>                                     </del>				
28 75	30		Clry			<u> </u>				
		V 101.	71.7							
					Notes:	<u> </u>				
					110163.					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
under my jurisdiction and was completed on (mo-day-year) 8.2										
Kansas wa	ter wen Co	uractor's Licer	ise No 🦸	This Wa	ter Well Rec	ord was com	inlated on (ma day wa	ar) (B -14-19		
and the or	asincss nam	COL COR. COLC	92 W.		N/2.	onature 💴		<i>')                                    </i>		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, CVTS 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 httm	Sw Jackson S	t., Suite 420, Tope gov/waterwell/inc	ka, Kansas 6	0012-1367. Mail one to \	Water Well Own	ner and retain on	e for your records. Telepho			
, wie da actitlp	www.kunck	s.gov/waterwen/inc	acx.nimi		KSA 82a-12	12		Revised 7/10/2015		