WAT	ER WELI	RECORD	Form WWC-5			Division of	Water	1700	7	7	(-		
		☐ Correction	☐ Change in Well Use	2		Resources A		1374	1/	Well ID			
		WATER WEI	LL: Fraction			Section Nu		Townshi	n Numl		ange Number		
Co	unty: 5+	Vens	NV 1/4 SW	1/2 NW	1/4 NW1/4	5	***************************************		5 S		E W		
2 WE	LL OWNER	R: Last Name: Mil				Rural Addı	ess wh	ere well is	located	(if unless our	n, distance and		
Busin	ness: Millo ess: 1902	forms	10	150		om nearest to	vn or inte	ersection). If	at onme	r's addraga	n, distance and, check here:		
Addre	ess: 1402										_		
Addre			. VS 17	951	0	.117	1	100		115	, .		
City:	Hugotov	\	State: KS ZIP: 67	10 1	Fran	ra 11	4	aRD	90	"140 h	mles 0		
	ATE WELL	4 DEPTH	OF COMPLETED V	WELL:	436	A ST	. 4:4	37	R37	2/1/2	(decimal degrees)		
1.1	H "X" IN	Depth(s) Gr	oundwater Encountered:	1) 2	(2 n	. 10. 3 11.2	muue.		3/45	1125	(decimal degrees)		
SEC	FION BOX:	2)	ft. 3) ft.	or 4)	Dry Well	Le	ongitud	le:	ecce).	10100	.(decimal degrees)		
	14						orizontal	Datum:	WGS 84	1 NAD	83 NAD 27		
	y I	below la	and surface, measured on	(mo-da	v-vr) 7-18-	18 50	T CDC (Latitude/Lo	ingitude:				
NW	NE	/-yr)		GPS (unit make/model:									
	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map						
l w	E after. 6 hours pumping] Online	Manner:	ropogra	фите мар	****************		
CIV	E after 6 hours pumping							c wapper					
sw	SE	arter	nours pumping	00	. gpm	4							
	Estimated Yield: 10 00 gnm						6 Elevation:ft. ☐ Ground Level ☐ TOC						
	Bore Hole Diameter: 30 in. to 636 ft.						urce: 🔲	Land Surve	у 📳 С	PS 🔲 To	opographic Map		
	1 mile		in. to .		ft.			Other					
7 WELL WATER TO BE USED AS:													
1. Domest		5. 🔲	Public Water Supply: we	ell ID		. 10. 🗀	Oil Fiel	ld Water Suj	pply: lea	ase			
100	Household 6. Dewatering: how many wells?						11. Test Hole: well ID						
	Lawn & Garden 7. Aquifer Recharge: well ID							☐ Cased ☐ Uncased ☐ Geotechnical					
0.00	Livestock 8. Monitoring: well ID							ıl: how man	y bores?	?	*****		
	rrigation 9. Environmental Remediation: well ID						a) Closed Loop						
3. Feed					Extraction	b)	Open L	oop 🗌 Suri	face Disc	charge 🔲	Inj. of Water		
4. 🗌 Indu			Recovery			13. 🗆	Other (s	specify):					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted.													
Water well disinfected? Yes No													
8 TYPE OF CASING USED: Steel PVC D Other CASING JOINTS: D Cloud D Clou													
Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft.													
Casing height above land surface in. Weight													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
■ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)													
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)													
SCREEN OR PERFORATION OPENINGS ARE:													
☐ Continuous Slot													
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From □ 16. to □ 16. From □ 16. From □ 16. To □ 16. From □ 16. To □ 16. From													
SCREEN-PERFORATED INTERVALS: From													
GRAVEL PACK INTERVALS: From													
	T TANKEN IN TOTAL	OLU- I INCAL CCI	nent i Lemeni grani	Bel Bel	ntomite i i i	Ither							
Grout Inter	vals: From	tt. to	.3.0 ft., From	4. 0	it. to . 3. 15.	ft., Fron	n	ft. to .		ft.			
ivearest soi	arce of possib	le contamination	•										
☐ Septic		_	eral Lines			Livestock F				e Storage			
Sewer			ss Pool Sew			Fuel Storag		A A	bandone	ed Water W	/ell		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) ☐ Direction from well? ☐ Distance from well? ☐ fi.													
Direction fr	om szell?	2761	est Diatamas (11?	276	7						
10 FROM	TO	TTT	HOLOGIC LOG	rom we				O. T. O.O. /					
IV I KOIH	10	LIL	HOLOGIC LOG		FROM	ТО	LILIM	O. LUG (cor	at.) or PI	LUGGING	INTERVALS		
	 		7										
			1	_									
				/									
				_	Notes:								
See Attacked													
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No													
under my jurisdiction and was completed on (mo-day-year)													
nder the h	ici weli COII	of Chia T	The thalless in	is wate	r well Rec	ord was co	PPIFTE	1 on (mo-da	ıy-year))	M.S.		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Health and Health and the copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Health													
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	K	SA 82a-12	5. am retain 9	win tou Ao	our records. 1					
					02u-12.					Revised 7/	10/2013		