	R WELL				Form WV	VC-5	Division of Water Resources; App. No.						
	CATION Q			L:	Fraction 12 1/4 SW	,,,,	Section	n Numbe	- 1	ownship		Range Number	
Cou			WILL from noors	nt to	NZ4 SV	of well if	Clab	Poo!4'	ing Sv		S)	R E/W	
	ance and direct		ווסווו neare:	SE LOWN OF CIT	ty street address	oi well it	Global 1 Latitud		mg Sy	stems (de	onnai degi	rees, min. of 4 digits)	
							Longitude:						
2 WATER WELL OWNER: Esty Ramez RR#, St. Address, Box # : 130 ( Bridelwood							Eltions						
RR#	, St. Addres	ss, Box	# : 13	AL Bridge	ewood	vood Da			Datum:				
City	, State, ZIP	Code	: 1.1	Sichale W	58	مدس		Collectic	on Me	ethod:			
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL								ft.					
LOCATION													
								(3)	ft.				
	TION BOX												
N Pump test data: Well water wasft. after													
WELL WATER TO BE USED AS: 5 Public water supply								.ft. after					
	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection 11 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (									ection well her (Specify below)			
2 Irrigation 4 Industrial <b>O</b> Domestic (lawn & garden) 10 Monitoring well								her (Specify below)					
S	Was a chemical/bacteriological sample submitted to Department? Yes No										If yes, mo/dav/vrs		
Sample was submitted													
5 TYP	E OF CASI	ING U	SED:	5 Wrought	Iron 8	Concrete tile		CAS	SING J	OINTS: 0	Glued	Clamped	
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued											1		
PVC 4 ABS 7 Fiberglass Threaded													
Blank o	asing diame	ter	inin	. to	ft., Diameter	خررر و	in. to		ft., D	iameter		in. toft.	
Casing	height above	e land	surface		in., Weight	×40	lbs./ft.	Wal	I thick	ness or gu	age No.	100 ps;	
				TION MATE		^	ADC			11 Other (	Specific		
1 Steel 3 Stainless Steel 5 Fiberglass 7 PV 9 ABS 11 Other (Specify)													
						. (DIC) 10	1 120021C	.s-Come.	1	- rone u	cea (oben		
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot (3 Mill slot) 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)													
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)													
2 Louvered shutter       4 Key punched       6 Wire wrapped       8 Saw Cut       10 Other (specify)         SCREEN-PERFORATED INTERVALS: From       ft. to       ft., From       ft. to         From       ft. to       ft., From       ft. to         GRAVEL PACK INTERVALS: From       20       ft. to       ft., From       ft. to													
	CD:	D 4	T T T T T T T T T T T T T T T T T T T	From.	fl	t. to	8	ft., Fron	n	• • • • • • • • • • • • • • • • • • • •	ft. to	ft.	
	GRAVEL	PACK	LINTERVA	ALS: From.	f	ι. το <b></b>	. <del>.</del>	π., Fron	n	• • • • • • • • • • • • • • • • • • • •	II. to	ft.	
				From.	fi	10	• • • • • • • • • • • • • • • • • • • •	ıı., rron	u		11. tO	ft.	
6 GRO	OUT MATE	CRIAL	: 1 Neat	cement 2	Cement grout	Bentonite							
Grout I	ntervals:	Fro	m 🚅	ft. to	ft., From	m						ft. toft.	
		source	e of possible	e contaminat	tion:								
	Septic tank			ateral lines			stock per			cticide Stor		16 Other (specify	
	Sewer lines			Cess pool	8 Sewage lagoo					ndoned wa		below)	
Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well  Direction from well?  How many feet?													
FROM				ITHOLOGIC	C LOG	FRO				PLUGG	ING INT	ERVALS	
O	10		7) V	50/(		110.	10			- 2000			
	'		,										
	28	_ (	MI										
				264									
28	88	<u></u>	MES	10 NE									
		- 7											
7.00	TDACTO	220 07	) I ANDO	WNEDS	EDTIFICATION	N. This	an 177011 -	70E 78 -	\nc*	ated (2)	aconst-	ted or (2) places	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) (2) (0) and this record is true to the best of my knowledge and belief.													
Kanca	Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) 10,20,00												
under the business name of Chiner Or III in water wen kecold was completed on this day year) is a superficient on the business name of													
INSTRUCTIONS: Use typewriter or ball politic pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone													
three cop 785-296	pies to Kansas	Departm	ent of Health	and Environme	ent, Bureau of Water, NER and retain of	, Geology Section	on, 1000 SV	W Jackson	ı St., Sui	ite 420, Tope for each	eka, <b>Ka</b> nsas	66612-1367. Telephone	
	Som			0.11		, , , , , , ,			,				

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http://www.kdhe.state.ks.us/geo/waterwells.