			Form V	VWC-5 e in Well Use		/ -	sion of Water urces App. No] Well ID		
		Correction		Fraction			tion Number			nge Number	
	MARSHA			SW ¼ SE ¼ SE	1/4 3	SE ¼	10	T 5 S	RS	Ø∎E⊡W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: R L RANCH & CATTLE COMP. Address: 14016 FONTANA STREET direction from nearest town or intersection): If at owner's address, check here SOUTH OF FRANKFORT ON HWY 99 TO ZENITH ROAD.											
Address: THEN EAST 1 EAST 1 SOLITH 1/4 WEST IN PASTI IRE											
City:	OVERLA	ND PARK	State: KS	ZIP: 66224		IEN EAST	TEASI, I	3001H, 1/4 WEC			
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:							5 Latitu	de: 39-37-29.	70N	(decimal degrees)	
	SECTION BOX. Depth(s) Groundwater Encountered: 1)						ft. Longitude:				
N) ft., or 4				ntal Datum: 🖿 WGS 8		83 🗆 NAD 27	
		WELL'S S	IATIC WAI	TER LEVEL:		π. 7/15/2022		for Latitude/Longitud			
NW	NE		 below land surface, measured on (mo-day-yr).7/1 above land surface, measured on (mo-day-yr) 				■ GPS (unit make/model:) (WAAS enabled? □ Yes □ No)				
	1	Pump test d	Pump test data: Well water was ft.				🗆 La	□ Land Survey □ Topographic Map			
w	E	after	ifter hours pumping			m	Online Mapper:				
SW	SE	after	Well water was ft. after hours pumping gpm Estimated Yield:2gpm					6 Elevation:ft. Ground Level TOC			
	1 X	Estimated V									
-	S	Bore Hole I	Bore Hole Diameter:8 in. to41 ft. an				Source: ☐ Land Survey				
I mile in. to tt.											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease											
	□ Household 6. □ Dewatering: how many wells?										
. —	Lawn & Garden 7. Aquifer Recharge: well ID										
	Livestock 8. Monitoring: well ID						12. Geothermal: how many bores?				
2. ☐ Irrigati 3. ☐ Feedlo	2. □ Irrigation 9. Environmental Remediation: well ID 3. □ Feedlot □ Air Sparge □ Soil Vapor Ext						a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water				
4. Industr			Recovery			uaction	13. 🗖 Oth	er (specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water wall disinfected?											
8 TYPE OF CASING USED: □ Steel ■ PVC □ Other											
Casing diameter											
Casing height above land surface											
□ 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)											
□ Louvered Shutter □ Key Punched □ Wire Wrapped ■ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From .11 ft. to 21 ft., From ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible contamination: Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage											
□ Sever 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? SOUTHEAST Distance from well? 500 ft.											
10 FROM	TO		LITHOLOC			FROM		LITHO. LOG (cont.)		GINTERVALS	
		BROWN CL				11014		2			
0 7	8	GRANTED									
8	11	BROWN CL									
11		LIMESTON									
16	23	GRAY SHA								• • • • • • • • • • • • • • • • • • • •	
23 36	36	LIMESTON				Notes:					
30	41	GRAT SHA				NUCS:					
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) 7/15/2022 and this record is true to the best of my knowledge and belief.											
under my i	urisdiction	and was comr	pleted on (m	o-day-year) 7/15	5/202	22 and	this record is	s true to the best of i	nv knowlee	ige and belief.	
under the b	ner well Co pusiness nar	ne of BLUE	VALLEY D	RILLING	wate	Si	gnature	pleted on (mo-day-	year j 9.19.10		
Mail	1 white copy a	long with a fee o	f \$5.00 for cac	ch constructed well to:	Kansa	as Department	of Health and	Environment, Bureau of	water, Gw15	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											
Visit us at htt	n:/www.kdhe	ks.gov/waterwell	/index.html		K	<u>(SA 82a-12</u>	12		Revise	u //10/2015	