County: _	Summer	Fraction	SE	Sec	21	T_3	<u>o</u> s	R	<u>ک</u>	_ EW
Owner: _		RECTION(S) TO WATER (to rectify lack	ing or incorrect			D (WWC-	5)			
	vas listed as:			Locat	ion chang	ed to:				
Section-	Township-Range:			<b></b>			_			
Fraction	1 (1/4 1/4 1/4):									
Other chai	nges: Initial statemen	nts: <u>Sedawi</u>	ck Co	untx						
Changed to	:	Sumner	Coun	Ły						
			-							
Verification	method: Lega	d written a    too   f acr	lescrip	tion tos	, are	16 FO	ad wel	ma 051	P, te.	
	•		• .		•	•			4~	<b></b>
to: Kansas	Dept of Health & En	vironment, Bureau of Water	, Tuuu 5 w Jacks	ion, Suite	420, 10pt	Ka, KS 00	312-130	5/.		

WATER WELL RECORD .		Form WV	VC-5	Division of Water Resources App. No.							
1 LOCATION OF WATER WELL:		Fraction				Range Number					
County: Sedgwick		1/4 1/4	1/4 SE 1/4	21 T 30 S R 3 DE							
Street/Rural Address of Well Location; if unknown, distance & direction Global Positioning System (GPS) information:											
from nearest town or intersection: If at owner's address, check here . Latitude:											
			,	Longitude: (in decimal degrees) Elevation:							
			,	Datum: WGS 84, NAD 83, NAD 27							
1			artman .	Collection Method:							
		Address, Box #: 1113 N.	Conwav Springs Rd		GPS unit (Make/Model:)						
City	, State, 2	ZIP Code : Conway	Springs, KS 67031		☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey						
Est. Accuracy:											
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 65 ft.											
,	SECTION BOX: Depth(s) Groundwater Encountered (1).18										
	N WELL'S STATIC WATER LEVEL. 18										
	Pump test data: Well water was										
	'	EST. YIELD. 18	3gpm. Well water	was	ft. after	hours pump	oing gpm				
w - N	EST. YIELD 18										
		WELL WATER	TO BE USED AS: 🔲				njection well				
S'	Domestic  Feedlot  Oil field water supply  Dewatering  Other (Specify below)										
		ì   ∐ Irrigation	☐ Industrial ♣ □	Oomestic-law	n & garden ☐ Mo	nitoring well	aveziock				
	Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No										
	S 1 mile		day/yr sample was subr								
		water well distri	fected? Yes N								
5 TYPE OF CASING USED: Steel PVC Other											
CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter .5 in. to .65 ft., Diameter in. to											
Casin	ig height	above land surface	in., Weight	. <del>4.</del> 9	lbs./ft., Wall thic	kness or gauge No	,				
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel PVC Other (Specify)											
1 ==	Brass	=		ات (le	Outer (Specify)						
SCREE	N OR P	ERFORATION OPENING	S ARE:								
	Continu	ous slot 🔲 Mill slot	☐ Gauze wrapped ☐	Torch cut	Drilled holes	■ None (open hole	)				
	Louvere	d shutter	☐ Wire wrapped ☑	Saw cut	Other (specify)						
SCREE	N-PERI	FORATED INTERVALS:									
	CDAV	EL PACK INTERVALS:	From ft	. to	ft., From	II. U	ο Α				
	UKA V	EL FACK INTERVALS.	From A	. 10xy to	ft From	ال ۱۱۰	0 IL				
6 CRO	IIT MA	TERIAL: Neat ceme	nt Cement grout	✓ Rentoni	te DOther	II. 0	J 14.				
Grout Ir	itervals.	From 3 ft to	20 fr From	Demon	to ff	From	ft to ft				
What is	the near	est source of possible conta	mination:								
	Septic ta		es 🔲 Pit privy 📗	Livestock pe	ns 🔲 Insecticide s	storage	er (specify below)				
	Sewer li	_ · ·	Sewage lagoon	Fuel storage	☐ Abandoned						
		ht sewer lines	it Feedyard	Fertilizer stor							
FROM	TO	LITHOLOG	ICI OG				GGING INTERVALS				
0	5		ic Lou	FROM	10 LITHO. LO	d (coll.) of FLOC	JOING INTERVALS				
5	20	Topsoil Fine Sand									
20	25	Fine Sand · Clay .									
25	40	Sand		<u>-</u>							
40	65	Shale									
140	-	011010									
-											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged											
under my jurisdiction and was completed on (mo/day/year) .06/05/2015 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No238 This Water Well Record was completed on (mo/day/year) .06/08/2015											
Kansas '	Water W	ell Contractor's License No	This Wa	ater Well Rec	cord was completed of	on (mo/day/year),.	06/08/2015				
under th	e busine	ss name of Premier Pun	np & Well Service, Inc	·	by (signature).	Made	Spr				
INSTRUC	TIONS:	Use typewriter or ball point pen.	PLEASE PRESS FIRMLY as	nd <u>PRINT</u> clear	rly. Please fill in blanks a	and check the correct at	iswers. Send one copy to				
Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.  Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at											