

County: Wichita Fraction: SW SW SE Sec. 32 T. 17 S R. 36 W

CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)

Owner: Berning Land, LLC Irrigation #2

If location corrected, was listed as:

Location changed to:

Section-Township-Range: _____

Fraction (¼ calls): Blank

SW SW SE

Other changes: Initial statements: Quarter fractions and rural address of well location were missing.

Changed to: Well location, (38.526611, -101.321743) WGS84.

Comments: _____

Verification method: Unfortunately, the well owner could not be contacted. But this well is visible on Sat. imagery on Google Earth, this was correlated with the well's location in Section #3 on the WWC5P.

Initials: BA Date: 3/16/26

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

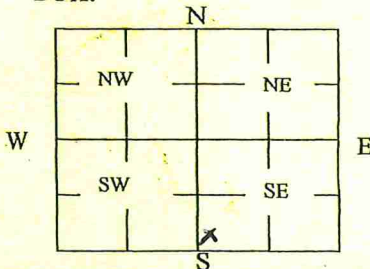
1 LOCATION OF WATER WELL: County: Wichita Fraction: 1/4 SW 1/4 SW 1/4 SE 1/4 Section Number: 32 SE 1/4 Township Number: T 17 S Range Number: 36 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method: _____
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Berning Land, LLC
 RR#, St. Address, Box #: Box 175
 City, State ZIP Code: Leato, KS 67861

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 125 ft.

WELL'S STATIC WATER LEVEL 17 ft

WELL WAS USED AS:

- | | | |
|--|---|---|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering |
| <input checked="" type="checkbox"/> Irrigation | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes No

RECEIVED

JUL 30 2025

BUREAU OF WATER

5 TYPE OF BLANK CASING USED:

- Steel RMP (SR) Wrought Fiberglass Other (Specify below)
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 16 in. Was casing pulled? Yes No If yes, how much 50"
 Casing height above or below land surface 50 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 125 ft. to 157 ft., From 157 ft. to 9 ft., From 9 ft. to 0 ft.

What is the nearest source of possible contamination:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input type="checkbox"/> Other (specify below) |
| <input checked="" type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? <u>NW</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>4900</u> |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------------|------------|--------------------|------|----|--------------------|
| <u>125</u> | <u>157</u> | <u>sepd</u> | | | |
| <u>157</u> | <u>9</u> | <u>clay dirt</u> | | | |
| <u>9</u> | <u>4</u> | <u>Bentonite</u> | | | |
| <u>4</u> | <u>0</u> | <u>Dirt</u> | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-22-25 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 7-23-25 under the business name of Jones Enterprises by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.