WATER	WELL R	ECORD		WWC-5		D	ivision	of Water					
	Record			e in Well Use				s App. No.		Well ID			
1 LOCATION OF WATER WELL: Fraction											ge Number		
County	SE¼ NW¼ SE¼ SE¼				8								
2 WELL	OWNER: L	st Name:		First:		Street or R	ural A	ddress wl	nere well is located	(if unknown	, distance and		
Business: XTREME LANDSCAPING direction from nearest town or intersection): If at owner's address, check here:													
Address: PO BOX 771057 FROM 629 W 69TH ST N IN PARK CITY GO SOUTH APPROX													
Address: PO BOX 771057 City: WICHITA State: KS ZIP: 67277													
City: 3 LOCAT	WICHITA	T					\neg						
WITH "		4 DEPTE	OF COM	APLETED WI	ELL:	60	ft. 5	Latitud	e:		(decimal degrees)		
	SECTION BOX. Depth(s) Groundwater Encountered: 1) ft.								Longitude:(decimal degrees)				
	2)								tal Datum: WGS 8		83 □ NAD 27		
		WELL'S S	TATIC WA	TER LEVEL:	TER LEVEL:π. π. 6/11/2018				Source for Latitude/Longitude: GPS (unit make/model:)				
	'	below land surface, measured on (mo-day-yr). 6/11/2018 above land surface, measured on (mo-day-yr)					:::	☐ GPS					
NW	NE	Pump test data: Well water was						(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map					
w	E	after hours pumping gpm						Online Mapper:					
	'	- · · · · · · · · · · · · · · · · · · ·	₹7 ^ I			Cinine Mapper							
SW	SE	after 2.5 hours pumping 30 gpm											
	X	Estimated Yield:\$0gpm					6	6 Elevation:ft. Ground Level TOC					
:	Bore Hole	fore Hole Diameter:1.15 in. to ft. and					Source:						
1 mile in. to ft. Other													
7 WELL WATER TO BE USED AS:													
1. Domestic:				ater Supply: wel					Field Water Supply:				
Housel				ng: how many wells?				11. Test Hole: well ID					
☐ Lawn &		charge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?								
_	■ Livestock 8. Monitoring: well ID □ Irrigation 9. Environmental Remediation: well ID							a) Closed Loop ☐ Horizontal ☐ Vertical					
3. Feedlo								b) Open Loop Surface Discharge Inj. of Water					
4. Industr			Recovery			Daddedon	1						
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 ☐ Other													
Casing diameter 5 in. to 60 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 15 in. Weight lbs./ft. Wall thickness or gauge No. SDR-26													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
Steel													
☐ 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 .20													
GRAVEL PACK INTERVALS: From													
9 GROUT	MATERIA	L: Neat	cement [Cement grout	B	Bentonite [Other			. ,			
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Other Grout Intervals: From													
		le contamin <u>a</u> i		· <u> </u>									
Septic		_	Lateral Lin					estock Pens		ticide Storage			
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well													
■ Watertight Sewer Lines													
Direction from	om well? NC	RTH		Distance	from v	well? 850			1	a.			
10 FROM	TO		LITHOLO	T		FROM			ITHO. LOG (cont.)		IG INTERVALS		
0		TOP SOIL					—						
1		CLAY											
8		MED GRAV	'EL										
40		GRAY SHA											
	-						-						
	 												
**************************************						Notes:			11.7				
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) 6/9/2018 and this record is true to the best of my knowledge and belief.													
Kansas Wa	ater Well Co	ntractor's Li	cense No.	884	Γhis W	Vater Well I	lecord	was com	pletee on (mo-day	vear) 1.1314	(U).Q		
under the h	nusiness nam	e of WENII	NGER DR	RILLING LLC			Signa	ture					
under the business name of WENINGER DRILLING LLC. Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS 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.													
			_	s 66612-1367. Ma	ul one t			nd retain one	e for your records. Telep	phone 785-290	5-5524. 3.7/10/201 <i>5</i>		
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											u //10/2015		