			Form			ision of Water		Well ID		
1 LOCAT	Original Record Correction Change in Well Use     I LOCATION OF WATER WELL: Fraction					tion Number Township Number Range Number				
County: SEDGWICK       NW ¼ NW ¼ SE ¼ NW ¼       34       T       26 S       R 2       E       W         2 WELL OWNER: Last Name:       WUSTERBO       First: ROBBIE       Street or Rural Address where well is located (if unknown, distance and										
Business:	ess: direction from nearest town or intersection): If at owner's address, check here:									
	Address: 16415 WSET 37TH NORTH Address:									
City: COLWICH State: KS ZIP: 67030										
3 LOCAT		4 DEPTH OF COMPLETED WELL:							decimal degrees)	
WITH "	X" IN DN BOX:			Encountered: 1)1			ude:			
SECHO		2)	ft. 3	3) ft., or 4)	Dry Well	Horizor	Horizontal Datum: WGS 84 NAD 83 NAD 27			
				FER LEVEL:			for Latitude/Longitude			
NW	NWNE above land surface, measured on (mo-day-					L GP	S (unit make/model: (WAAS enabled?			
×	Pump test data: Well water was ft					□ Land Survey □ Topographic Map				
W	after	after hours pumping gpm Well water was ft.			Online Mapper:					
SW	SE	after	hours pumping gpm							
		Estimated Yield: 20gpm					6 Elevation:ft. Ground Level TOC Source: Land Survey GPS Topographic Map			
	S	Bore Hole E	Bore Hole Diameter:							
Imile         Imile         Other           7 WELL WATER TO BE USED AS:         0         0										
1. Domestic:       5. Dublic Water Supply: well ID       10. Oil Field Water Supply: lease										
	Household 6. Dewatering: how many wells?					11. Test Hole: well 1D				
	Lawn & Garden 7. 🗍 Aquifer Recharge: well ID						Cased Uncased Geotechnical			
2. Irrigati	Livestock 8. Monitoring: well ID Irrigation 9. Environmental Remediation: well ID					<ul> <li>a) Closed Loop  Horizontal  Vertical</li> </ul>				
3. 🗌 Feedlo	ot		Air Sparge	Soil Vapor E		b) Ope	b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water			
4. Industrial Recovery Injection 13. Other (specify):										
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 JOINTS:       ■ Glued       □ Clamped       □ Welded       □ Threaded										
Casing diameter										
Casing diameter										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
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										
9 GROUT MATERIAL: Deat cement Cement grout Bentonite Other										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Nearest sou		ble contaminati	on: Lateral Line	s 🗌 Pit Privy		Livestock Pen	a 🗖 Incasti	cide Storage		
			Cess Pool	Sewage Lag		Fuel Storage	Report.	oned Water	Well	
Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well										
■ Other (Specify) PONDLAGOON. Direction from well? WEST NORTH Distance from well? POND 120. LAGOON 450 ft.										
10 FROM	TO		ITHOLOG		FROM		ITHO. LOG (cont.) or		<b>JINTERVALS</b>	
0	2	TOP SOIL					- () •			
2	15	CLAY								
15	19	FINE SAND								
19 37	37 38	MED SAND CLAY								
38	58	MED SAND								
58	60	CLAY		Notes:	lotes:					
	WELLONLY									
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) .8/6/20.19 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on mo-day-year). 8/30/2019										
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.										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										