		RECORD		WWC-5			on of Wa						
		Correction		ge in Well Use			ces App.			Well ID			
	ATION OF nty: SEDG	WATER WE	LL:	Fraction		Section	on Num	ber	Township Number		nge Number		
				NE 1/4 NE 1/4 SW							□ E ■ W		
Busine	2 WELL OWNER: Last Name: First: Business: WICHITA ARIPORT AUTHORITY Address:						Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:						
Addres	Address: 2173 AIR CARGO ROAD						2299 SOUTH AIRPORT ROAD, WICHITA, KS 67209						
3 LOCATE WELL													
WITH	60 ft. 5 Latitude:(decimal degrees												
SECTION BOX: Depth(s) Groundwater Encountered: 1)						Longitude:							
	2) ft. 3) ft., or 4) [WELL'S STATIC WATER LEVEL:						Hori	zontal	Datum: 🌃 WGS 84	□ NAD	83 🗆 NAD 2		
	below land surface, measured on (mo-day-						Source for Editional Formattage.						
NW	above land surface, measured on (mo-day-												
	Pump test data: Well water was f						I.						
w	W E after hours pumping						gpm						
sw-	Well water was f						L						
	5-	after	after hours pumping g Estimated Yield:gpm			gpm 6 Elevation:			Δ	П с I	1 1 5 50		
S Bore Hole Diameter				gpm 11.5 in. to60 ft. and			6 Elevation:ft. ☐ Ground Level ☐ TO Source: ☐ Land Survey ☐ GPS ☐ Topographic Ma						
							Sour	<u></u> .	Danici Survey 🔲 🔾	rs □ 10	pograpnic Maj		
mile in. to ft.													
1. Domesti				ter Supply: well ID			10 🗀 0	il Field	Water Symply: Jose	70			
	☐ Household 6. ☐ Dewatering: how many wells?												
Lawr	■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID												
	☐ Livestock 8. ☐ Monitoring: well ID					12. Geothermal: how many bores?							
	2. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop Horizontal Vertical						
	3. Feedlot Air Sparge Soil Vapor I						n b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. Industrial Recovery Injection 13. Other (specify):													
Was a chemical/bacteriological sample submitted to KDHE?													
Water well disinfected? May Yes No													
8 TYPE OF CASING USED: ☐ Steel PVC ☐ Other													
Casing diameter													
Casing height above land surface													
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:													
	SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous Slot												
		Key Punch	ıed □Wi	re Wrapped Say	w Cut	None	(Onen H	ы Iole)	mer (Specify)				
SCREEN-	PERFORA ₁	ED INTERVA	LS: From	.40 ft. to 60	ft From		ft. to	o	ft From	ft to	A		
G	RAVEL PA	CK INTERVA	LS: From	29 ft. to 60	ft From		ft. to	0	ft From	ft to	II.		
9 GROUT	MATERI	AL: Neat c	ement \square	Cement grout Ber	ntonite \square	Other			11, 110111	It. 10 .			
Grout Interv	als: From	3 ft. to	29	Cement grout Ber	ft. to	f	t From		ft. to	ft			
Nearest sou	rce of possib	le contaminatio	n:				,			111			
☐ Septic		_	ateral Lines				stock Pe		☐ Insecticide	Storage			
Sewer		-	ess Pool	Sewage Lag			Storage		☐ Abandone		ell		
■ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)													
Direction from well? NORTH WEST Distance from well? 90 ft.													
10 FROM	TO		THOLOG		FROM				D. LOG (cont.) or PI	LIGGING	INTEDVALO		
0		TOP SOIL			110171	1			200 (with) of PI	DULLDE	HILKVALS		
2		CLAY					-						
17		FINE SAND					_						
22		MED SAND											
29		CLAY											
31		MED SAND											
38		SMALL GRAV	/EL		Notes:	1							
		CLAY			1	∧/E!!	ONLY						
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) $\frac{10}{21}$ /019 and this record is true to the best of my knowledge and knowledge and knowledge													
Kansas Water Well Contractor's License No. 884. This Water Well Record was completed on (mo-day-year) 11/6/2019 under the business name of WENINGER DRILLING, LLC. Signature													
under the bu	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/ind	lex html		SA 82a-12		i iciain on	e tot yo	-	785-296- <i>55</i> 2 Revised 7 /			
		TOTAL TOTAL PROPERTY AND PARTY AND P	-wantablala		-~12 U44T14	- 14				CVISCO //	10/4015		