		L RECORD		WWC-5		Division of						
		Correction		ge in Well Use		Resources A		I m 11 12 1	Well ID	1		
	ounty: SEDG	F WATER WE SWICK	LL:	Fraction NE 1/4 NE 1/4 NW		Section No. 26		Township Numl T 27 S		ige Number □ E <b>■</b> W		
2 WI Bus	WELL OWNER: Last Name: First: Business: CHAPMAN CUSTOM HOMES, LLC 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:						
Add	Address: PO BOX 9491 City: WICHITA State: KS ZIP: 67277						14811 WEST MOSCELYN ST., WICHITA, 67235					
	3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:1											
	SECTION BOX:  Depth(s) Groundwater Encountered: 1)						Longitude:					
	WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:					
N	above land surface, measured on (mo-day-yr)											
w	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
200	Well water was ft. after hours pumping gpm											
	Estimated Yield:20gpm						6 Elevation:					
	S 1 mile		<u>S</u>	ource: [	Land Survey   _   (   Other	GPS To	pographic Mar					
1 mile  in. to ft.												
	Domestic:         5. ☐ Public Water Supply: well ID           ☐ Household         6. ☐ Dewatering: how many wells?						10.  Oil Field Water Supply: lease  11. Test Hole: well ID					
■ La	Lawn & Garden 7. ☐ Aquifer Recharge: well ID						☐ Cased ☐ Uncased ☐ Geotechnical					
_	☐ Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?					
	☐ Irrigation 9. Environmental Remediation: well ID						a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. 🔲 Inc			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 □ Wolded □ Threeded												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing height above land surface												
☐ 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 .33 ft. to .100 ft., From ft. to ft. GRAVEL PACK INTERVALS: From .23 ft. to .100 ft., From ft. to ft. ft ft.												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other  Grout Intervals: From 3 ft. to 23 ft., From ft. to ft. From ft. to ft.												
Grout Int	ervals: From .		.∠3	ft., From	. ft. to	ft., Fr	om	ft. to	ft.			
☐ Sept	tic Tank	☐ L	ateral Lines			Livestock	Pens	☐ Insectici				
	er Lines ertight Sewer I		ess Pool	☐ Sewage L ☐ Feedyard	_	Fuel Stor			ed Water W	ell		
Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) ☐ Direction from well? .WEST ☐ Distance from well? .18 ☐ ft.												
Direction	from well?	VES I		Distance from v	vell? .18							
10 FRON 0	1 TO 2	TOP SOIL	THOLOG	IC LOG	FROM	ТО	LITE	HO. LOG (cont.) or I	LUGGING	INTERVALS		
2	19	CLAY										
19	27	SANDY CLAY	1									
27	30	FINE/MED SA										
30 71	71 78	GRAY SHALE BROW SHAL			-		-					
78	100	GRAY SHALE			Notes:							
11 CONTRACTORS OF LANDOWNERS CERTIFICATION TO THE STATE OF THE STATE O												
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) .7/10/2019 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) 3/27/2019 under the business name of WENINGER.DRILLING.LLC												
Ma	il 1 white copy al	ong with a fee of \$5	.00 for each	constructed well to: Ka	nsas Departmen	t of Health a	nd Enviro	nment, Bureau of Wate	r, GWTS Sect	ion.		
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												