	WELL R						ision of Wate			31/-11 II S			
original Record Correction Cha				Fraction	Resources App. N Section Number				Township Numb	Well ID	nge Number		
County: SEDGWICK				NW1/4 SE1/4 SM					T 28 S		ige Number □ E ■ W		
	OWNER: 1		Street or Rural Address where well is located (if unknown, distance and										
Business	RAIN PLU		direction from nearest town or intersection): If at owner's address, check here:										
Address: 2704 F KELL 000 BB											_		
Address: 3721 E KELLOGG DR City: WICHITA State: KS ZIP: 67218 VICHITA, KS													
3 LOCAT		ł											
WITH "		4 DEPTE	OF CON	WPLETED WELL:50 ft. Encountered: 1)18 ft.				5 Latitude:(decimal degrees)					
SECTION BOX:				$\dots \qquad \text{ft.} \qquad 3) \qquad \text{ft.}, \text{ or } 4) \prod D_1$			Long	itud	e:	e:(decimal degrees) Datum: UWGS 84 UNAD 83 NAD 27			
	N	WELL'S S	LL'S STATIC WATER LEVEL:				Source		<u> Datum:</u>		83 LI NAD 27		
	below	below land surface, measured on (mo-day-yr				GPS (unit make/model:							
			above land surface, measured on (mo-day-yr)						WAAS enabled?				
	X		test data: Well water was				☐ Land Survey ☐ Topographic Map						
				vater was		☐ Online Mapper:							
sw	SE	after	after hours pumping gpm										
		Estimated Yield 18+ onm				6 Elevation:ft. 🔲 Grou				. 🔲 Ground	l Level 🔲 TOC		
	S	Bore Hole I	Bore Hole Diameter: 10.5 in. to 50							Land Survey GPS Topographic Map			
mile in. to ft. Uther													
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID													
☐ House				ng: how many wells?		10. 🗀 Oi	10. ☐ Oil Field Water Supply: lease						
				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical						
_					ng: well ID				al: how many bores	s?			
	2. ☐ Irrigation 9. Environmental Remediation: we							Loop Horizont					
3. Feedlo			Air Sparge							pop D 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 diagneter 5 in to 50 ft Diagneter in to ft Diagneter in to ft													
Casing traineter in. to it., Diameter in. to it., D													
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)													
SCREEN-PERFORATED INTERVALS: From .35													
GRAVEL PACK INTERVALS: From 23 ft to 50 ft, From ft to ft, From ft to ft.													
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other Grout Intervals: From													
Grout Interv	als: From	3 ft. to	, <u>.23</u>	ft., From	ft. to		ft., From		ft. to	ft.			
Nearest source of possible contamination:													
☐ Septic☐ Sewer			Lateral Line Cess Pool	s 🔲 Pit Privy			Livestock Pe			ide Storage			
	ight Sewer Li		Seepage Pit				Fuel Storage Fertilizer Sto			oncd Water il/Gas Well			
☐ Other (Specify) Direction from well? SOUTH Distance from well? 18 ft.													
10 FROM	TO		ITHOLOG	GIC LOG	FR	OM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS		
0		TOP SOIL											
1		CLAY											
20 22		FINE SAND	<u>=</u> 1		_								
		<u>MED GRAVI</u> CLAY	<u> </u>				+						
		CLAY WITH	FINE SAI	ND									
752		DE711 ******	1 1142 0/3	140	Not	es:							
	· · · · · ·												
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) 05/15/2017 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 flay-year) 05/24/2017 under the business name of WENINGER DRILLING LLC Signature													
Mail	l white copy ale	ong with a fee of	\$5.00 for eac	h constructed well to:	Kansas Der	artment	of Health and	Envir	onment Bureau of We	ater, GWTS	Section		
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										