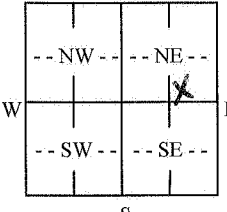


# WATER WELL RECORD Form WWC-5

☒ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fraction <u>1/4 SW 1/4 NE 1/4</u> | Section Number <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Township Number <u>T 28 S</u> | Range Number <u>R 2 E W</u>              |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
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| <b>2 WELL OWNER:</b> Last Name: <u>BNR Homes, Inc</u><br>Business: <u>PO Box 675</u><br>Address: <u>Clearwater</u> State: <u>KS</u> ZIP: <u>67026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | 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: <input type="checkbox"/><br><u>3525 S Rogers Ln</u><br><u>Wichita, KS 67227</u>                                                                                                                                                                                                                                                                          |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>4 DEPTH OF COMPLETED WELL:</b> <u>140</u> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: <u>30</u> ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>5-16-13</u><br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: <u>30</u> gpm<br>Bore Hole Diameter: <u>12</u> in. to <u>140</u> ft. and<br>..... in. to ..... ft. |                                   | <b>5 Latitude:</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC<br><b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: .....<br>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter <u>5</u> in. to <u>125</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface <u>12</u> in. Weight <u>214</u> lbs./ft. Wall thickness or gauge No. <u>1000 psi</u><br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>125</u> ft. to <u>140</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>30</u> ft. to <u>140</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From <u>3</u> ft. to <u>30</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>Nearest source of possible contamination:</b><br><input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well<br><input type="checkbox"/> Other (Specify) .....<br>Direction from well? <u>South west</u> Distance from well? <u>165</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10 FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>3</u></td> <td><u>Top Soil</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>3</u></td> <td><u>26</u></td> <td><u>clay</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>26</u></td> <td><u>34</u></td> <td><u>Fine Sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>34</u></td> <td><u>124</u></td> <td><u>Blue clay</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>124</u></td> <td><u>140</u></td> <td><u>Fine Sand</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: top;">Notes:</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          | 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | <u>0</u> | <u>3</u> | <u>Top Soil</u> |  |  |  | <u>3</u> | <u>26</u> | <u>clay</u> |  |  |  | <u>26</u> | <u>34</u> | <u>Fine Sand</u> |  |  |  | <u>34</u> | <u>124</u> | <u>Blue clay</u> |  |  |  | <u>124</u> | <u>140</u> | <u>Fine Sand</u> |  |  |  | Notes: |  |  |  |  |  |
| 10 FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LITHOLOGIC LOG                    | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO                            | LITHO. LOG (cont.) or PLUGGING INTERVALS |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Top Soil</u>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>clay</u>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <u>26</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>34</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Fine Sand</u>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <u>34</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>124</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Blue clay</u>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <u>124</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>140</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Fine Sand</u>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>5-16-13</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>140</u> This Water Well Record was completed on (mo-day-year) <u>6-13-13</u><br>under the business name of <u>Weninger Drilling Inc</u> <u>Jon Weninger</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                          |         |    |                |      |    |                                          |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |            |                  |  |  |  |            |            |                  |  |  |  |        |  |  |  |  |  |

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 9/10/2012