GSI Job No. 037177 **INJ 03-01**

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Sedgwick**	**NE** ¼ **SW** ¼ **NW** ¼	**12**	T **28** S	R **1** **E**

Distance and direction from nearest town or city street address of well if located within city?
3801 S. Oliver, Zone 4, 500 Ramp

2 WATER WELL OWNER: **Boeing Company**
RR#, St. Address, Box # : **PO Box 7730**
City, State, ZIP Code : **Wichita, KS 67277-7730**

Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:

N
NW X NE
W 1 Mile E
SW SE
S

4 DEPTH OF COMPLETED WELL **35** ft. ELEVATION: _____
Depth(s) Groundwater Encountered 1 **15** ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter **12** in. to **35** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning **11 Injection well**
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well _____
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
2 PVC 4 ABS 7 Fiberglass _____ **Threaded Flush**
Blank casing diameter **2** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **24** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **Sch.40**

TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot **3 Mill slot** 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **20** ft. to **35** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **19** ft. to **35** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other **Concrete**
Grout Intervals From **0** ft. to **2** ft. From **2** ft. to **19** ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage _____
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	26		Fat Clay			
26	35		Sandy Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed**, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **12-14-03** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **2-06-04**
under the business name of **Geotechnical Services, Inc.** by (signature) [signature]

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R SEC

Form provided by Forms-On-A-Disk, Inc. Dallas, Texas (214) 340-9429