GSI Job No. 057453 **MW-6**

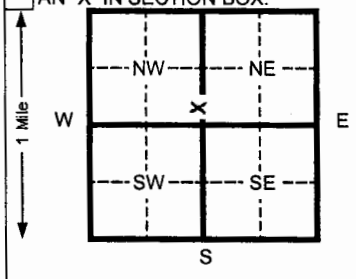
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **Sedgwick** | Fraction: **SE ¼ SE ¼ NW ¼** | Section Number: **14** | Township Number: T **28** S | Range Number: R **01** E

Distance and direction from nearest town or city street address of well if located within city?
4218 S Southeast Blvd, Wichita

2 WATER WELL OWNER: **Spirit AeroSystems, Inc.**
RR#, St. Address, Box # : **3801 S. Oliver**
City, State, ZIP Code : **Wichita, KS 67210**
Board of Agriculture, Division of Water Resources Application Number:

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



4 DEPTH OF COMPLETED WELL **35** ft. ELEVATION: **1321.63 TOC**
Depth(s) Groundwater Encountered 1 **24.5** ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **26.04** ft. below land surface measured on mo/day/yr **1-24-06**
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 **8.5** in. to **35** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering **10 Monitoring well** 11 Injection well 12 Other (Specify below) 2 Irrigation 4 Industrial
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: 1 Steel **2 PVC** 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below)
CASING JOINTS: Glued _____ Clamped _____ Welded **Threaded Flush**
Blank casing diameter **2** in. to **15** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **33.12** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **Sch. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot **3 Mill slot** 2 Louvered shutter 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
SCREEN-PERFORATED INTERVALS: From **15** ft. to **35** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **12** 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 _____
Grout Intervals From **0.5** ft. to **12** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below)
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5.5		**Silty Clay, med brown, firm to stiff**			
5.5	8		**Silty Clay, reddish brown, firm to stiff**			
8	19		**Clay, reddish brown, very silty to caliche**			
19	24.5		**Clay, med reddish brown, trace to mod caliche**			
24.5	25.5		**Sand, med reddish brown**			
25.5	26		**Clay, med reddish brown, firm to stiff**			
26	26.5		**Sand, med reddish brown**			
26.5	24		**Clay, light green, mottled, blocky, stiff**			
24	35		**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) **1-31-06** 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) **2-7-06** under the business name of **Geotechnical Services, Inc.** by (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