GSI JOB #067204 **IWW-1**

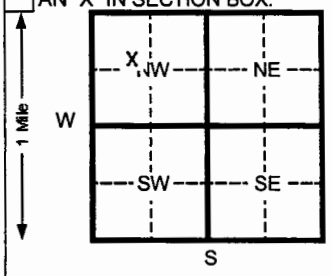
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **Sedgwick** | Fraction: **SE ¼ NW 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?
Approx. 500' South of Intersection of MacArthur and Englewood

2 WATER WELL OWNER: **Boeing**
RR#, St. Address, Box # : **2727 E. MacArthur**
City, State, ZIP Code : **Wichita, KS 67216**
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 **15** ft. ELEVATION: **1293.181 (TOC)**
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **10.98** ft. below land surface measured on mo/day/yr **6/14/2006**
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 **3.5** in. to **15.5** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 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) _____
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**

OFFICE USE ONLY

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 **1** in. to **10** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **Flush** in., weight **0.32** lbs./ft. Wall thickness or gauge No. **SCH. 80**

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 **10** ft. to **15** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **9** ft. to **15.5** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

T

R

6 GROUT MATERIAL: 1 Neat cement **2 Cement grout** **3 Bentonite** 4 Other _____
Grout Intervals From **0** ft. to **7** ft. From **7** ft. to **9** 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	0.75		Topsoil, dark brown-reddish brown			
0.75	2		Clay, light brown, caliche			
2	5		Clayey sand, light brown			
5	6.5		Clay, light brown, with caliche, slightly sandy			
6.5	10.5		Sand, fine to med. Grained, increasing to very coarse with fine gravel at base			
10.5	11		Clayey sand, light brown			
11	14		Sand, fine to med. Grained, with clay stringers @ 11.5'			
14	15.5		Clay, olive			

SEC

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) **6/9/06** 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) **6/12/06** 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.

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