GSI JOB #067204 **MW-200**

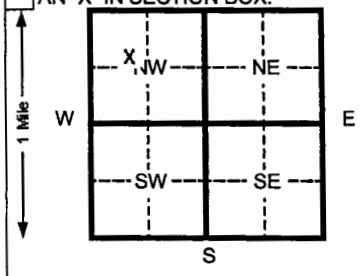
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

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 **20** ft. ELEVATION: **1294.378 (TOC)**
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **11.86** 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 **8.25** in. to **20** 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**

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 **2** in. to **13** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **Flush** 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 **13** ft. to **20** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **11** ft. to **20** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

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6 GROUT MATERIAL: 1 Neat cement **2 Cement grout** **3 Bentonite** 4 Other _____
Grout Intervals From **0** ft. to **9** ft. From **9** ft. to **11** 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	1		Topsoil, dark brown			
1	4.5		Clay, lt brown stiff, caliche			
4.5	6.5		Clay, lt brown to grayish brown, slightly sandy, caliche			
6.5	7.5		Clayey sand, lt brown, fine/very coarse			
7.5	8		Sand, fine to very coarse, trace fine gravel			
8	11.5		Sandy clay, lt grayish brown, fine to very coarse			
11.5	14		Clay, lt reddish brown, med plasticity			
14	15		Sandy Clay, sand stringers @14.5' & 15'			
15	19.5		Clay, olive gray, stiff			
19.5	20		Shale, dark gray to gray, stiff			

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.