

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NW ¼ NW ¼ NW ¼	13	T 28 S	R 1 E

Distance and direction from nearest town or city street address of well if located within city?

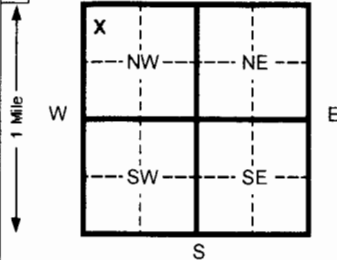
22' N, 29' W of Military Receiving Dock, Building 4-140H, Service Door 4-140H-9t, Boeing, Wichita2 WATER WELL OWNER: **Boeing Company**RR#, St. Address, Box #: **2727 E. MacArthur**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Wichita, KS 67217**

Application Number:

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



4 DEPTH OF COMPLETED WELL

40 ft. ELEVATION: **1339.09 (TOC)**

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **5.7** ft. below land surface measured on **10/22/07** 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 **8** in. to **40** 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 submittedWater Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

2 PVC 4 ABS

5 Wrought Iron 8 Concrete tile

6 Asbestos-Cement 9 Other (specify below)

7 Fiberglass

CASING JOINTS: Glued _____ Clamped _____

Welded _____

Threaded FlushBlank casing diameter **2** in. to **25** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface **Flushmount** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

7 PVC 10 Asbestos-cement

8 RMP (SR)

9 ABS

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 **25** ft. to **40** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **23** ft. to **40** 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 **1** ft. to **23** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines

2 Sewer lines 5 Cess pool

3 Watertight sewer lines 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	1.5		Concrete			
1.5	7.5		Clay, dark gray with brown mottling			
7.5	12		Silty Clay, red brown with gray mottling			
12	23.5		Clay, light red brown to gray			
23.5	28		Sandy Clay, red brown, fine to medium grains			
28	38		Clayey Sand, medium to coarse grains, some olive clay stringers			
38	40		Shale, olive to dark gray, with limestone lenses			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed**, (2) reconstructed, or (3) plugged under my jurisdiction and wascompleted on (mo/day/yr) **10/31/07**

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) **11/08/07**

under the business name of

Geotechnical Services Inc.

by (signature)

David J. White

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.