

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Sedgwick		Fraction $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 12	Township No. T 28 S	Range Number R 1 ☒ E ☐ W				
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ 2800 S. Rock Road Wichita, KS			Global Positioning System (GPS) information: Latitude: 1668275.82 (in decimal degrees) Longitude: 1664877.22 (in decimal degrees) Elevation: 1363.86 Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27 Collection Method: ☒ GPS unit (Make/Model: _____) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☒ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m						
2 WATER WELL OWNER: McConnell AFB RR#, Street Address, Box #: 53000 Hutchinson St. Suite 5 City, State, ZIP Code: McConnell AFB, KS 67221									
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 50%;">NW</td> <td style="width: 50%;">NE</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> S -----1 mile-----		NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL 97 ft. Depth(s) Groundwater Encountered (1)..... 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 6in. to 97.5ft., and.....in. to.....ft. WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☒ Monitoring well Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted..... Water well disinfected? ☐ Yes ☒ No			
NW	NE								
SW	SE								
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded Casing diameter 2 in. to 87 ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft. Casing height above land surface 0.5 in., Weight.....lbs./ft., Wall thickness or gauge No. Sch 40 TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) SCREEN-PERFORATED INTERVALS: From 87 ft. to 97 ft., From..... ft. to..... ft. GRAVEL PACK INTERVALS: From 84 ft. to 97.5 ft., From..... ft. to..... ft. From..... ft. to..... ft., From..... ft. to..... ft.									
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other Grout Intervals: From 84 ft. to 87 ft., From 1 ft. to 84 ft., From..... ft. to..... ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well Direction from well Distance from well									
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS				
0	3.5	Brown Clay							
3.5	28	Red/Brown Clay with some gravel							
28	38	Gray/Brown Clay with silt							
38	56	Gray/Brown Silty Clay with Sand							
56	89	Gray Shale							
89	94	Brown Sandy Clay with Gravel							
94	97	Gray Shale							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 11/5/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/year) 12/12/12 under the business name of Layne Christensen Company by (signature) <i>[Signature]</i>									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html .									