

| <b>1 LOCATION OF WATER WELL:</b><br>County: Sedgwick<br>Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/><br>2800 S. Rock Road<br>Wichita, KS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Section Number<br>12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Township No.<br>T 28 S |                                          | Range Number<br>R 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>2 WATER WELL OWNER:</b> McConnell AFB<br>RR#, Street Address, Box #: 53000 Hutchinson St. Suite 5<br>City, State, ZIP Code : McConnell AFB, KS 67221                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | <b>Global Positioning System (GPS) information:</b><br>Latitude: 1668434.52 (in decimal degrees)<br>Longitude: 1665406.41 (in decimal degrees)<br>Elevation: 1369.85<br>Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27<br>Collection Method:<br><input checked="" type="checkbox"/> GPS unit (Make/Model: )<br><input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey<br>Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b><br>N<br>W<br>E<br>S<br>1 mile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | <b>4 DEPTH OF COMPLETED WELL</b> 55 ft.<br>Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.<br>WELL'S STATIC WATER LEVEL.....ft. below land surface measured on mo/day/yr.....<br>Pump test data: Well water was.....ft. after..... hours pumping..... gpm<br>EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm<br>Bore Hole Diameter 6.....in. to 55.....ft., and .....in. to .....ft.<br>WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well<br><input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below)<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input checked="" type="checkbox"/> Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, mo/day/yr sample was submitted.....<br>Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....<br>CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter 2.....in. to 45.....ft., Diameter .....in. to .....ft., Diameter .....in. to .....ft.<br>Casing height above land surface.....-0.5.....in., Weight .....lbs./ft., Wall thickness or gauge No. Sch 40<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br><input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole)<br><input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) .....<br>SCREEN-PERFORATED INTERVALS: From 45.....ft. to 55.....ft., From .....ft. to .....ft.<br>From .....ft. to .....ft., From .....ft. to .....ft.<br>GRAVEL PACK INTERVALS: From 43.....ft. to 55.....ft., From .....ft. to .....ft.<br>From .....ft. to .....ft., From .....ft. to .....ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From 43.....ft. to 45.....ft., From 1.....ft. to 43.....ft., From .....ft. to .....ft.<br>What is the nearest source of possible contamination:<br><input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below)<br><input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well<br><input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well .....<br>Direction from well ..... Distance from well .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>3</td><td>Brown Clay w/some gravel</td><td></td><td></td><td></td></tr><tr><td>3</td><td>25</td><td>Redish/Brown Clay w/ some gravel</td><td></td><td></td><td></td></tr><tr><td>25</td><td>51</td><td>Brown Clay with gravel</td><td></td><td></td><td></td></tr><tr><td>51</td><td>55</td><td>Brown/Grey Clay with Sand/Gravel</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                        |                                          |                                                                                      |  | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | 0 | 3 | Brown Clay w/some gravel |  |  |  | 3 | 25 | Redish/Brown Clay w/ some gravel |  |  |  | 25 | 51 | Brown Clay with gravel |  |  |  | 51 | 55 | Brown/Grey Clay with Sand/Gravel |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FROM | TO                     | LITHO. LOG (cont.) or PLUGGING INTERVALS |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 51 | Brown Clay with gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 51                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 55 | Brown/Grey Clay with Sand/Gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 11/1/12..... and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. 102..... This Water Well Record was completed on (mo/day/year) 12/12/12.....<br>under the business name of Layne Christensen Company..... by (signature) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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. Include fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                        |                                          |                                                                                      |  |      |    |                |      |    |                                          |   |   |                          |  |  |  |   |    |                                  |  |  |  |    |    |                        |  |  |  |    |    |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |