

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: 1667881.36 (in decimal degrees) Longitude: 16631.99.89 (in decimal degrees) Elevation: 1360.86 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="margin-left:auto; margin-right:auto;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> S -----1 mile-----		NW	NE	SW	SE	4 DEPTH OF COMPLETED WELL 35.5 ft.			
NW	NE								
SW	SE								
		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 6.....in. to 37.....ft., andin. toft.							
		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							
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other									
CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☒ Threaded									
Casing diameter .2..... in. to 25.5..... 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 25.5..... ft. to 35.5..... ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 23..... ft. to 37..... 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 19..... ft. to 23..... ft., From 1..... ft. to 19..... 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	Brown Clay w/some gravel							
3	27	Reddish/Brown Clay w/ some gravel							
27	35	ReddishBrown Silty Sand							
35	37	Reddish Brown Clay with Gravel							
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) 11/1/12..... 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) [Signature]									
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 Depar tment of Health and E nvironment, 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. Vi sit us at http://www.kdheks.gov/waterwell/index.html.									