WATER WELL R		rm WWC-5	Divi	sion of Water				
Original Record		Change in Well Use	Reso	urces App. No.		Well ID		
	OCATION OF WATER WELL: Fraction			tion Number	Township Numb			
County: Sedgwick	1/4 NE 1/4 SW	1/4 SW 1/4	13	T 28 S	$R 1 \blacksquare E \square W$			
2 WELL OWNER: L		First:	Street or Rur	al Address w	here well is located	(if unknown, distance and		
Business: 22 CEI/CEIER direction from nearest town or intersection): If at owner's address, check here:								
Address: 15657830 Pittsburg St., Suite 120 Address: Well located within McConnell AFB, Wichita, KS								
Address:	II AED States	KS ZIP: 67221-361	,	WILLIAM IVICO	official At B, Wich	ita, NO		
2 LOCATE WELL								
WITH "V" IN 4 DEPTH OF COMPLETED WELL:40,2 II.   5 Latitude:								
SECTION BOX:		Depth(s) Groundwater Encountered: 1)						
N N		ft. 3) ft., or 4)			Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27			
		C WATER LEVEL:		Source for Latitude/Longitude:				
		urface, measured on (mo-da		■ GPS	■ GPS (unit make/model: Garmin 60c			
NW NE		urface, measured on (mo-da Well water was		(WAAS enabled? ■ Yes □ No)				
w E		hours pumping		☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
		Well water was			me mapper			
SW SE		after hours pumpinggpm						
	Estimated Vield:	Estimated Vield: gnm			6 Elevation:ft. Ground Level TOC			
S	Bore Hole Diame	eter: 8.25 in to 25.	U ft. and		Source: ☐ Land Survey ■ GPS ☐ Topographic Map			
mile  in. to ft. Uther								
7 WELL WATER TO BE USED AS:								
1. Domestic:	5. □ Pub	lic Water Supply: well ID				lease		
Household						11. Test Hole: well ID		
☐ Lawn & Garden ☐ Livestock								
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop   Horizontal   Vertical			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction				b) Open Loop    Surface Discharge    Inj. of Water			
4. Industrial	☐ Rec							
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:								
Water well disinfected?  Yes No								
		PVC Other	CASI	JG IOINTS:	□ Glued □ Clampe	ed □ Welded ■ Threaded		
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)								
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous Slot								
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From .24.0 ft. to .14.0 ft., From .7 ft. to .7 ft. to .7 ft. to .7 ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: ■ Neat cement □ Cement grout ■ Bentonite □ Other								
Nearest source of possible contamination:								
Septic Tank								
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
Other (Specify)								
		Distance from						
10 FROM TO		IOLOGIC LOG	FROM	TO I	LITHO. LOG (cont.)	or PLUGGING INTERVALS		
0 25.0	Clay							
			Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .6/27/2016 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 7.10 This Water Well Record was completed on (mo-day-year) 7.122/2016								
under the business nan	ne of Below Gro	und Surface. Inc.	Water Well Re	2014 Was Colli	proces on (mo-day-	Jour)		
under the business name of Below Ground Surface Inc.  Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,								
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.								
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 1/20/201								