WATER WELL RECORD Form WWC-5 Division of Water													
	riginal Record Correction Change in Well Use				Resources App. No.				Well ID				
1 LOCATION OF V	VATER WEI	L:	Fraction		Section	on Numbe	er Town	ship Numb	er Ran	ge Number			
County: Sedqwick	k		SWW NWW NWW	NE%		12	Т	28 S	R 1	■ E □ W			
2 WELL OWNER:	2 WELL OWNER: Last Name: First: St						reet or Rural Address where well is located (if unknown, distance and						
Business: McConnell A		om nearest town or intersection): If at owner's address, check here:											
Address: 57830 Pittsburg ST Suite 120 Address: McConnell AFB													
City: McConnell A	FA	State: KS	ZIP: 67221										
3 LOCATE WELL	T							***					
WITH "X" IN	4 DEPTH OF COMPLETED WELL:45 ft. 5 Latitude:37.6322222 (decimal degrees Longitude:97.2707972 (decim												
SECTION BOX:					.	Long	itude:	-97.2707	972	(decimal degrees)			
N ·	2)					Horiz	ontal Datum:	■ WGS 84	I □ NAD	83 🗆 NAD 27			
	below land surface, measured on (mo-day-yr)N/A					Source for Latitude/Longitude: GPS (unit make/model: IPHONE)							
NW NE		above land surface, measured on (mo-day-yr)					(WAAS ambleds Filter III No.						
DIW PIE		Pump test data: Well water was					(WAAS enabled? ☐ Yes ■ No) ☐ Land Survey ☐ Topographic Map						
W E		after hours pumping gpm					Online Mapper:						
		Well water was ft.											
SW SE		after hours pumping gpm					MA. N/A	۸					
	Estimated Yield:gpm					6 Elevation: N/A							
S	Bore Hole Diameter:6 in. to45 ft. and						Source: Land Survey GPS Topographic Map Other						
1. Domestic:			ter Supply: well ID			10 🗆 🔾	i Ciald Water	Sunahu la					
1. Domestic:						10. [] Of	ii riciu wate Hole: well II	r Suppiy: le Y	asc	••••••			
						11. Test Hole: well ID							
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID						12. Geothermal: how many bores?							
2. Irrigation							a) Closed Loop Horizontal Vertical						
3. Teedlot	. 🔲 Feedlot 🔲 Air Sparge 🔲 Soil Vapor Extraction b) Open Loop 🔲 Su								charge 🔲	Inj. of Water			
4. 🔲 Industrial		Recovery	☐ Injection			13. 🗆 Ot	her (specify)	:					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:													
Water well disinfected? ☐ Yes ■ No													
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other													
Casing diameter 2 in. to 33 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 0 in. Weight 68 lbs/ft. Wall thickness or gauge No. SCH #40													
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberglass PVC Other (Specify)													
		Fiberg		and famous b	hala)		ier (Specify)						
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:													
Continuous Slot Mill Slot Gauze Wrapped Drilled Holes Other (Specify)													
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)													
SCREEN-PERFORATED INTERVALS: From .33 ft. to .43 ft., From													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Grout Intervals: From	28 ft. to	.0	ft., From	ft. to		ft., From	1	î. to	ft.				
Nearest source of possible contamination:													
Septic Tank		ateral Lines			_	vestock Pe			ide Storage				
Sewer Lines	_	ess Pool	Sewage Lag			el Storage			ned Water V	√ell			
☐ Watertight Sewer Lines ☐ Scepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) n/a													
Direction from well? .n/a.			Distance from we	:117				A					
10 FROM TO		ITHOLOG		FROM					PLUGGING	INTERVALS			
	Sozqu							(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4414			
2' 45' B	Irown Clay												
				Notes:	_								
				1									
11 CONTRACTOR'S	OR LANDO	WNER'S	CERTIFICATION	: This wa	ater w	rell was 🎚	constructe	d, Teco	nstructed,	r Dolugged			
under my jurisdiction ar	id was comple	eted on (mo	o-day-year) 05-18-201	9 er	nd thi	s record i	s true to the	best of my	knowledge	e and belief			
Kansas Water Well Con	tractor's Lice	nse No. ∺	This Wa	ter Well R	Cecore	d was con	opteted ox	yo-day-ye	ay) 06-74-7	1			
under the business name	OI Mascade	5.00 for each	constructed wall to: Kee	SS Denartos	orgna	Health and	nvironment t	Surpeu of W-	urre e	retion			
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 WTS 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				KSA 82a-			, 1001	- nor a wingrill		7/10/2015			