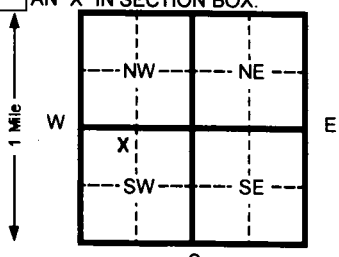


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: Sedgwick		NE ¼ NW ¼ SW ¼	18		T 28 S		R 2 E	
Distance and direction from nearest town or city street address of well if located within city? E of McConnell Creek in Area LF11, McConnell Air Force Base - Wichita								
2 WATER WELL OWNER: 22nd CES CEVQ US Air Force								
RR#, St. Address, Box # : 53000 Hutchinson St., Ste. 109 MAFB								
City, State, ZIP Code : Wichita, KS 67221								
Board of Agriculture, Division of Water Resources Application Number:								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL 25 ft. ELEVATION:					
			Depth(s) Groundwater Encountered 1 22 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 13 in. to 25 ft. and _____ in. to _____ ft.					
			WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
			1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
			2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Recovery Well					
			Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____					
			Water Well Disinfected? Yes _____ No X					
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____								
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____								
7 Fiberglass _____ Threaded _____ Flush _____								
Blank casing diameter 6 in. to 15 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement								
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____								
9 ABS 12 None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)								
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____								
7 Torch cut								
SCREEN-PERFORATED INTERVALS: From 15 ft. to 25 ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From 13 ft. to 25 ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____								
Grout Intervals From 1 ft. to 13 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
What is the nearest source of possible contamination:								
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well								
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well								
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____								
13 Insecticide storage								
Direction from well? _____ How many feet? _____								
FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								
0.0 4.0 Silty Clay, dark brown to olive brown								
4.0 9.4 Silty Sand, brown to black, fine to coarse grained, calcite fragments and fine to coarse gravel, some clay below 7'								
9.4 25.0 Silty Clay, brown to olive brown to gray								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 04/24/09 and this record is true to the best of my knowledge and belief. Kansas								
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 06/19/09								
under the business name of Geotechnical Services Inc. by (signature) _____								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								