

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SE NE SW	6	T 28 S R 2 E		

Distance and direction from nearest town or city street address of well if located within city?
SW of Building 968, McConnell Air Force Base – Wichita

2 WATER WELL OWNER: 22nd CES CEVQ US Air Force		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # : 53000 Hutchinson St., Ste. 109 MAFB		
City, State, ZIP Code : Wichita, KS 67221		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL 15 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 **3** 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 **8.5** in. to **16** 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**

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 **2** in. to **5** 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	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	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	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS:

From 5 ft. to 15 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
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GRAVEL PACK INTERVALS:

From 3 ft. to 16 ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
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6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Intervals From **1** ft. to **3** 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	0.2		Topsoil			
0.2	1.5		Silty Sand, brown			
1.5	5.8		Sand, dark brown to black, medium grained, trace silt			
5.8	9.2		Sandy Clay, black to gray			
9.2	16.0		Silty Clay, olive brown			

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) **04/23/09** 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.