SS01-MW44

| WATER WELL RECORD                                                                                                                                                                                                                                                                                                                  |                                                                       | Form W                                                   | WC-5     |                                                       | Division of Water Resources App. No.         |                        |                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|----------|-------------------------------------------------------|----------------------------------------------|------------------------|-----------------------|--|
| 1 LOCATION OF WATER WELL: County: Sedgwick                                                                                                                                                                                                                                                                                         |                                                                       | Fraction 1/4 1/4 1/4 NE                                  | 14 SW 14 |                                                       | n Number                                     |                        | Range Number R 2 ZE W |  |
| Street/Rural Address of Well Location; if unknown, distance & direction                                                                                                                                                                                                                                                            |                                                                       |                                                          |          |                                                       | Global Positioning System (GPS) information: |                        |                       |  |
| from nearest town or intersection: If at owner's address, check here .                                                                                                                                                                                                                                                             |                                                                       |                                                          |          |                                                       | Latitude: .37.64087 (in decimal degrees)     |                        |                       |  |
| Well located within McConnell AFB, Wichita, KS                                                                                                                                                                                                                                                                                     |                                                                       |                                                          |          | Elevat                                                | ion:                                         |                        | (in decimal degrees)  |  |
| 2. WATER WELL OWNER: CO. OTHER                                                                                                                                                                                                                                                                                                     |                                                                       |                                                          |          |                                                       | Datum:  WGS 84,  NAD 83,  NAD 27             |                        |                       |  |
| 2 WATER WELL OWNER: 22 CEI/CEIER<br>RR#, Street Address, Box #: 15657830 Pittsburg St. Suite 120                                                                                                                                                                                                                                   |                                                                       |                                                          |          | Collection Method:  GPS unit (Make/Model: Garmin 60C) |                                              |                        |                       |  |
| City, State, ZIP Code                                                                                                                                                                                                                                                                                                              |                                                                       | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey    |          |                                                       |                                              |                        |                       |  |
|                                                                                                                                                                                                                                                                                                                                    | ell AFB, KS 67221-3                                                   | Est. Accuracy: □ <3 m, <b>2</b> 3-5 m, □ 5-15 m, □ >15 m |          |                                                       |                                              |                        |                       |  |
| 3 LOCATE WELL                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| WITH AN "X" IN 4                                                                                                                                                                                                                                                                                                                   | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 15                           |                                                          |          |                                                       |                                              |                        |                       |  |
| SECTION BOX:                                                                                                                                                                                                                                                                                                                       | = ·   · · · · · · · · · · · · · · · ·                                 |                                                          |          |                                                       |                                              |                        |                       |  |
| l N                                                                                                                                                                                                                                                                                                                                | WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr |                                                          |          |                                                       |                                              |                        |                       |  |
|                                                                                                                                                                                                                                                                                                                                    | Pump test data: Well water was                                        |                                                          |          |                                                       |                                              |                        |                       |  |
| 14 M   14 D     2                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| 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                                                                                                                                                                                                                                                          |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| S If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                           |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| mile  Water well disinfected?                                                                                                                                                                                                                                                                                                      |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| 5 TYPE OF CASING USED: Steel PVC Other                                                                                                                                                                                                                                                                                             |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| CASING JOINTS: Glued Clamped Welded Threaded                                                                                                                                                                                                                                                                                       |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| Casing diameter .2 in. to .5.0 ft., Diameter in. to ft., Diameter ft.                                                                                                                                                                                                                                                              |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| Casing height above land surface. Flush in., Weight                                                                                                                                                                                                                                                                                |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                            |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| ☐ Steel ☐ Stainless Steel                                                                                                                                                                                                                                                                                                          |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| ☐ 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                                                                                                                                                                                                                                                                                                  |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| From                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| GRAVEL PACK INTERVALS: From                                                                                                                                                                                                                                                                                                        |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other                                                                                                                                                                                                                                                                         |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| Grout Intervals: From .3.5                                                                                                                                                                                                                                                                                                         |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| 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                                                                                                                                                                              |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| ☐ Watertight sewer line Direction from well                                                                                                                                                                                                                                                                                        |                                                                       |                                                          |          |                                                       | ☐ Oil well/ga                                | is weii                |                       |  |
| FROM TO                                                                                                                                                                                                                                                                                                                            | LITHOLOG                                                              |                                                          | FROM     | TO                                                    |                                              |                        | JGGING INTERVALS      |  |
| 0 16 Clay                                                                                                                                                                                                                                                                                                                          | 2                                                                     |                                                          | 1        |                                                       | 2111012                                      | 0 0 (00) <u>0.</u> 120 | JOHN GINERALD         |  |
| July                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
|                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
|                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
|                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
|                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
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|                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
|                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| T CONTRA CTORES CT                                                                                                                                                                                                                                                                                                                 | ANDON                                                                 | NO CERTIFICATION                                         | N. Ti    |                                                       |                                              |                        |                       |  |
| 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) .11/3/2014 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No710 This Water Well Record was completed on (mo/day/year) .12/27/2014                                                                                |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| under the business name of Below Ground Surface. Inc. by (signature)                                                                                                                                                                                                                                                               |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies                                                                                                                                                        |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| (white, blue, pink) to Kansas Depar tment of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each constructed well. Vi sit us at |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| http://www.kdheks.gov/waterwell/index.html.  KSA 82a-1212  Check: White Copy, Blue Copy, Pink Copy                                                                                                                                                                                                                                 |                                                                       |                                                          |          |                                                       |                                              |                        |                       |  |
| 12011 020-1212                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                          |          | CII                                                   | CCR. WI                                      | пис сору, 🔲 Бі         | ше сору, 🗀 тик сору   |  |