WATER WELL R		Form W		Divi	sion of Water				
Original Record			in Well Use		urces App. No.		Well ID		
1 LOCATION OF WATER WELL:			Fraction		tion Number	Township Numb		ige Number	
			1/4 1/4 SW 1/4						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and									
Business: 22 CEI/CEIER Address: 15657830 Pittsburg St., Suite 120 Address: 15657830 Pittsburg St., Suite 120									
Address: 15657650 Pittsburg St., Suite 120 Well located within McConnell AFB, Wichita, KS									
City: McConnell AFB State: KS ZIP: 67221-3617									
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:25,0 ft. 5 Latitude:37.63905 (decimal degrees)									
Dorth(a) Groundwater Encountered: 1) 4 T								(decimal degrees)	
SECTION BOX:	2) ft. 3) ft., or 4) Dry Well Horizontal Datum:						4 NAD	83 D NAD 27	
N	WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longitude:							03 LI NAD 21	
	below land surface, measured on (mo-day-yr)					GPS (unit make/model: Garmin 60c			
NW NE			neasured on (mo-day-		1	(WAAS enabled? ■ Yes □ No)			
			er was 1			☐ Land Survey ☐ Topographic Map			
W	aner		numping		☐ Onli	☐ Online Mapper:			
SW SE	Well water was ft. after hours pumping gpm								
	Estimated Yield: gnm 6					6 Elevation:ft. ☐ Ground Level ☐ TOC			
S						Source: Land Survey GPS Topographic Map			
mile			in. to		[Other			
7 WELL WATER TO BE USED AS:									
1. Domestic:			r Supply: well ID			ield Water Supply: 1			
Household		11. Test Hole: well ID							
Livestock	□ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Livestock 8. ■ Monitoring: well ID					☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores?			
2. ☐ Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical				
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra					b) Open Loop Surface Discharge Inj. of Water				
4. Industrial		Recovery	☐ Injection			r (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									
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 ■ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From .24.8 ft. to .14.8 ft., From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 26.0 ft. to 12.0 ft., From ft. to ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage ☐ 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)									
Direction from well?			Distance from w	ell?					
10 FROM TO		ITHOLOGI	C LOG	FROM	TO L	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0 26.0	Clay								
				Notes					
				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) .4/23/2015 and this record is true to the best of my knowledge and belief.									
under my jurisdiction and was completed on (mo-day-year) .4/23/2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No7.10 This Water Well Record was completed on (mo-day-year) .7/6/2015									
under the business name	of Below G	iround Sur	face, Inc	men	<u>/</u>				
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.									
I .	•		612-1367. Mail one to			for your records. Telepl			
Visit us at http://www.kdheks	.gov/waterwell/in	dex.ntml		KSA 82a-12	14		Kevise	ed 1/20/2015	