| WATER WELL R | | WWC-5 | | sion of Water | | | |
|---|---|---|----------------------------------|---|--|--------------------|--|
| Original Record | | ge in Well Use | | irces App. No. | T = | Well ID | |
| 1 LOCATION OF WATER WELL: Fraction | | | | Section Number Township Number Range Number R 2 ■ F □ W | | | |
| County. | | | | | | | |
| 2 WELL OWNER: L | | | | | | • _ | |
| Business: 22 CEI/CEIER Address: 15657830 Pittsburg St., Suite 120 Mall to and a citation from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: 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:37.63774 (decimal degrees | | | | | | | |
| WITH "X" IN | Depth(s) Groundwater Encountered: 1) | | | | | | |
| SECTION BOX: | 2) | | | | | | |
| N | | TER LEVEL: | or Latitude/Longitude | | | | |
| | below land surface, measured on (mo-day-yr) | | | | (unit make/model: | Garmin 60c | |
| NW NE | | | | | (WAAS enabled? ■ Yes □ No) | | |
| | Pump test data: Well | | ☐ Land Survey ☐ Topographic Map | | | | |
| W | after hours pumpinggpm | | | | ☐ Online Mapper: | | |
| SW SE | Well water was ft. | | | | | | |
| | X | | | | 6 Elevation: 1371.64ft. ☐ Ground Level ■ TOC | | |
| S | Bore Hole Diameter: | re Hole Diameter: 8.25 in. to 26.0 ft. and Source: Source: Land Survey GPS Topography | | | | | |
| mile | | in. to | . ft. | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | 5. 🗌 Public W | ater Supply: well ID | | 10. ☐ Oil F | ield Water Supply: le | ease | |
| ☐ Household | 6. 🔲 Dewateri | | II. Test Hole: well ID | | | | |
| ☐ Lawn & Garden | 7. ☐ Aquifer F 8. ■ Monitorii | NAVA/AO | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock | 8. Monitorii | 1010049 | 12. Geothermal: how many bores? | | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extraction | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Recovery | | xtraction | | | | |
| | | | | | | | |
| 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 JOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded | | | | | | | |
| Casing diameter 2.0 in to 14.8 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface -0.2 in Weight Ibs./ft. Wall thickness or gauge No. Sch. 40 | | | | | | | |
| 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: From26.0. ft. to11.9. 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 | | | | | | | |
| ☐ 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? | | | | | | | |
| 10 FROM TO | LITHOLO | | FROM | | | PLUGGING INTERVALS | |
| 0 26.0 | Clay | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 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) .7/14/2015 and this record is true to the best of my knowledge and belief. | | | | | | | |
| Kansas Water Well Contractor's License No. 7.10 | | | | | | | |
| Mail 1 white copy ale | ong with a fee of \$5.00 for es | ich constructed well to: Kans | as Department | of Health and En | vironment Bureau of W | ater GWTS Section | |
| Mail 1 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. | | | | | | | |
| | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 1/20/2015 | | | | | | |