| W   | ATER WE  | LL PLU    | GGING R   | RECORD                       | Form WV        | Z-MW18<br>VC-5P | KSA 82  | a-1212 ID NO        |  |          |
|---|--|-----------|-----------|------------------------------|----------------|-----------------|---|---------------------|--|----------|
| 1   | LOCATION   | OF WATE   |           | Fraction                     |                | Section         | Number  | Township Number     | Range Number   |          |
|   | County: Se   |           | V-11 I+   | 1/4<br>:6                    | 1/4 SW 1/4 SE  |                 | 6   | T 28 S              | 2 <b>V</b> E   | W        |
|   | Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address,  Latitude: 37.63860 (in decimal degree |           |           |                              |                |                 |   |                     |  | es)      |
|   | check here Wall laggeted within McCannoll AER  |           |           |                              |                |                 | Longitude: 97.25071 (in decimal degrees)                          |                     |  |          |
|   | Datum: WGS84 NAD83 NAD27   |           |           |                              |                |                 |   |                     |  |          |
| <u>Wi</u>   | Wichita, KS Collection Method:   |           |           |                              |                |                 |   |                     |  |          |
| 2   | WATER WELL OWNER: 22 CEI/CEIER   |           |           |                              |                |                 |   | e/Model: Garmin 6   |  | -        |
|   | RR#, St. Ac  |           |           | 7830 Pittsbu                 | **             | _               |   |                     | Map, Land Survey                                     |          |
|   | City, State  | ZIP Code: | McCo      | McConnell AFB, KS 67221      |                |                 | cy: 🗆 <   | 3 m, 🗹 3-5 m, [     | $\Box$ 5-15 m, $\Box$ > 15 m                         |          |
| 3   | MARK WELL'S LOCATION<br>WITH AN "X" IN SECTION<br>BOX:   |           |           | 4 DEPTH OF WELL 22.0 ft.     |                |                 |   |                     |  |          |
|   |  |           |           | WELL'S STATIC WATER LEVEL ft |                |                 |   |                     |  |          |
|   |  | N         |           |                              | WAS USED A     |                 | ,L  |                     |  |          |
|   | NW NE  |           |           |                              |                |                 |   |                     |  |          |
| NW NE Domestic Irrigation   |  |           |           |                              |                |                 | Public Water Supply Oil Field Water Supply  Dewatering Monitoring |                     |  |          |
| l w   | ,  |           | Е         |                              | dlot           |                 | c (Lawn &   | Garden) Inj         | ection Well  |          |
|   | _ sw   |           | SE _      | ☐ Ind                        | ustrial L      | ☐ Air Con       | ditioning   | ☐ Oti               | ner  |          |
| Was a chemical/bacteriological sample submitted to Departn  |  |           |           |                              |                |                 |   | tted to Department? | Yes No 🔽   |          |
|   |  | S         |           |                              |                |                 |   |                     |  |          |
| 5 TYPE OF BLANK CASING USED:  |  |           |           |                              |                |                 |   |                     |  |          |
|   | Steel RMP (SR) Wrought Diberglass Other (Specify below)  |           |           |                              |                |                 |   |                     |  |          |
|   | PVC ABS Asbestos-Cement Concrete Tile  |           |           |                              |                |                 |   |                     |  |          |
|   | Blank casing diameter 2 in. Was casing pulled? Yes V No I If yes, how much 12.0 feet   |           |           |                              |                |                 |   |                     |  |          |
| Casing height above or below land surface2 in.  |  |           |           |                              |                |                 |   |                     |  |          |
|   |  |           |           |                              |                |                 |   |                     |  |          |
| 6 GROUT PLUG MATERIAL: ✓ Neat cement  |  |           |           |                              |                |                 |   |                     |  |          |
|   | Grout Plug Intervals: From 22.0 ft. to 1.5 ft., From ft. to ft., From to ft.   |           |           |                              |                |                 |   |                     |  |          |
|   |  |           |           |                              |                |                 |   |                     |  |          |
|   | What is the nearest source of possible contamination:  Septic tank  Seepage pit  Fuel Storage  Other (specify below)   |           |           |                              |                |                 |   |                     |  |          |
|   | Septic tank Seepage pit Sewer lines Seepage pit Pit privy Fuel Storage Fertilizer storage Other (specify below)  |           |           |                              |                |                 |   |                     |  |          |
|   | Watertight sewer lines Sewage lagoon Insecticide storage   |           |           |                              |                |                 |   |                     |  |          |
|   | Lateral lines Feedyard Abandoned water well Direction from well?  Cess pool Direction from well?  Oil well/Gas well How many feet?                                       |           |           |                              |                |                 |   |                     |  |          |
|   | ccss p   |           |           | restock pen                  | 3 <u> </u>     | cii/ Gas Weii   | 110   | w many reet:        |  |          |
|   | FROM   | TO        |           | GING MAT                     | ERIALS         | FROM            | TO  | PLUGGI              | NG MATERIALS   |          |
|   |  | 1.5       | Neat Ceme | ent                          |                |                 |   |                     |  | 4        |
|   | 1.5  | 0         | Concrete  |                              |                |                 |   |                     |  | 4        |
|   |  |           |           |                              |                |                 |   |                     |  | -        |
|   |  |           |           |                              |                |                 |   |                     |  | $\dashv$ |
|   |  |           |           |                              |                |                 |   |                     |  | $\dashv$ |
| İ   |  |           |           |                              |                |                 |   |                     |  | $\dashv$ |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was  |  |           |           |                              |                |                 |   |                     |  |          |
| completed on (mo/day/year) 09/09/2015 and this record is true to the best of my knowledge and belief. Kansas Water  |  |           |           |                              |                |                 |   |                     |  |          |
| Well Contractor's License No. 710 . This Water Well Record was completed on (mo/day/year) 10/25/2015 under the business name of Below Ground Surface, Inc. by (signature)   |  |           |           |                              |                |                 |   |                     |  |          |
|   |  |           |           |                              |                |                 |   |                     |  |          |
| INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW |  |           |           |                              |                |                 |   |                     |  |          |
|   |  |           |           |                              |                |                 |   |                     | eology Section, 1000 SV<br>or and retain one for you |          |
|   |  |           |           |                              | ll/index.html. |                 | one t   | acci vi cii c win   | iomin one for you                                    |          |
| Check one: White Copy Blue Copy Pink Copy   |  |           |           |                              |                |                 |   |                     |  |          |