

# WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. Well ID 

- 
- Original Record
- 
- Correction
- 
- Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Sedgwick	<b>Fraction</b> ¼   ¼ <i>NE</i> ¼ <i>SW</i> ¼	<b>Section Number</b> 18	<b>Township Number</b> T 28 S	<b>Range Number</b> R 2 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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<b>2 WELL OWNER: Last Name:</b> _____ First: _____ Business: 22 CEI/CEIER Address: 15657830 Pittsburg St., Suite 120 Address: _____ City: McConnell AFB   State: KS   ZIP: 67221-3617	<b>Street or Rural Address where well is located</b> (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/>  Well located within McConnell AFB, Wichita, KS
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N <table border="1" style="margin: auto; text-align: center; width: 80px; height: 80px;"><tr><td></td><td></td><td></td><td></td></tr><tr><td>-- NW --</td><td></td><td></td><td>-- NE --</td></tr><tr><td>W</td><td style="text-align: center;">X</td><td></td><td>E</td></tr><tr><td>-- SW --</td><td></td><td></td><td>-- SE --</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td colspan="2"></td><td></td></tr><tr><td colspan="4">----- 1 mile -----</td></tr></table>					-- NW --			-- NE --	W	X		E	-- SW --			-- SE --					S				----- 1 mile -----				<b>4 DEPTH OF COMPLETED WELL:</b> ..... 30.5 ..... ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: ..... ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr)..... <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water was ..... ft. after..... hours pumping ..... gpm Well water was ..... ft. after..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: 8.25 in. to 31.0 ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... 37.61330 ..... (decimal degrees) <b>Longitude:</b> ..... 97.25896 ..... (decimal degrees) <b>Horizontal Datum:</b> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input checked="" type="checkbox"/> GPS (unit make/model: <u>Garmin 60c</u> .....) (WAAS enabled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
-- NW --			-- NE --																											
W	X		E																											
-- SW --			-- SE --																											
S																														
----- 1 mile -----																														

<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....
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<b>7 WELL WATER TO BE USED AS:</b>		
1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input type="checkbox"/> Oil Field Water Supply: lease .....
2. <input type="checkbox"/> Irrigation	6. <input type="checkbox"/> Dewatering: how many wells? .....	11. Test Hole: well ID .....
3. <input type="checkbox"/> Feedlot	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
4. <input type="checkbox"/> Industrial	8. <input checked="" type="checkbox"/> Monitoring: well ID <u>LF11-MW13R</u> .....	12. Geothermal: how many bores? .....
	9. Environmental Remediation: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	13. <input type="checkbox"/> Other (specify): .....

**Was a chemical/bacteriological sample submitted to KDHE?**    Yes    No   If yes, date sample was submitted: .....

Water well disinfected?    Yes    No

<b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other .....	<b>CASING JOINTS:</b> <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded
Casing diameter ..... 2.0 ..... in. to ..... 20.3 ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.	Casing height above land surface ..... 3.6 ..... in.   Weight ..... lbs./ft.   Wall thickness or gauge No. <u>Sch. 40</u> .....
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....	
<input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> <input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) .....	
<input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)	
SCREEN-PERFORATED INTERVALS: From <u>30.3</u> ft. to <u>20.3</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	
GRAVEL PACK INTERVALS: From <u>31.0</u> ft. to <u>17.8</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	

<b>9 GROUT MATERIAL:</b> <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....
Grout Intervals: From <u>17.8</u> ft. to <u>15.4</u> ft., From <u>15.4</u> ft. to <u>4.8</u> ft., From ..... ft. to ..... ft.
<b>Nearest source of possible contamination:</b>
<input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input checked="" type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....
Direction from well? .....   Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	31.0	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) 5/5/2016..... 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) 5/28/2016..... under the business name of Below Ground Surface, Inc......