|  |  |  |                                       |   |                    |                         |                   |   | sion of Water                                    | 1  |                               |                              |  |
|--|--|--|---------------------------------------|---|--------------------|-------------------------|-------------------|---|--|--|-------------------------------|------------------------------|--|
|  |  |  | Correction                            |   | e in Well U        |                         |                   |   | irces App. No<br>ion Number                      |  |                               | ange Number                  |  |
| 1  |  | Sedgwi   | WATER WI                              | 5LL:  | Fraction           | 1/4 NE 1                | 4 NW              |   | <b>7</b>   | 1 4 -  |                               |                              |  |
| 2  |  |  | Last Name:                            |   | First:             |                         | Street            | t or Rur  |  | where well is locat  |                               |                              |  |
|  |  | 22 CEI/  |                                       |   | 120                |                         | direction         | irection from nearest town or intersection): If at owner's address, check here: |  |  |                               |                              |  |
|  | Address:<br>Address:   | 1565/8   | 30 Pittsburg                          | St., Suite                                    | 120                |                         | Well I            | Vell located within McConnell AFB, Wichita, KS                                  |  |  |                               |                              |  |
|  | City:  | McCon  | nell AFB                              | State: KS                                     | ZIP: 67            | 221-3617                | 1                 |   |  |  |                               |                              |  |
| 3  | LOCATE   |  | 4 DEP                                 | TH OF COM                                     | APLETE             | D WELL:                 | 23,               | .Qft.   | 5 Latitu   | de:  | 451                           | (decimal degrees)            |  |
|  |  | Depth(s) Groundwater Encountered: 1)   |                                       |   |                    |                         |                   |   | Longi  | Longitude:   |                               |                              |  |
|  |  | N $(2) \dots \pi 3) \dots \pi, n, n$   |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
|  |  | WELL'S STATIC WATER LEVEL:   |                                       |   |                    |                         |                   |   | Source   | for Latitude/Longit  | <u>ude:</u><br>Garmin (       | 300                          |  |
|  |  | above land surface, measured on (mo-   |                                       |   |                    |                         |                   |   |  | GPS (unit make/model:Garmin 60c)<br>(WAAS enabled? ■ Yes □ No) |                               |                              |  |
|  |  |  | Pump tes                              | t data: Well v                                | Well water was ft. |                         |                   |   | La   | nd Survey 🗌 Top  | ographic Map                  |                              |  |
| W  |  |  | E afte                                | after hours pumping gpm                       |                    |                         |                   |   |  | Online Mapper:   |                               |                              |  |
|  | sw   | SE   | afte                                  | Well water was ft.<br>after hours pumping gpm |                    |                         |                   |   |  |  |                               |                              |  |
|  |  | Estimated Yield gpm  |                                       |   |                    |                         |                   |   |  | 6 Elevation:ft. Ground Level TOC                               |                               |                              |  |
|  | -  | s Bore Hole Diameter:8.25 in. to2  |                                       |   |                    |                         |                   | ind   | Source   | Source:  Land Survey  GPS  Topographic Map Other               |                               |                              |  |
|  |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
| 7 WELL WATER TO BE USED AS:         1. Domestic:       5. Dublic Water Supply: well ID         10. Doil Field Water Supply: lease  |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
| 1.   | Househ   | old  | 6                                     | 6. Dewatering: how many wells?                |                    |                         |                   |   | . 11. Test Hole: well ID                         |  |                               |                              |  |
|  | 🗌 Lawn &   |  | 7                                     | 7. Aquifer Recharge: well ID                  |                    |                         |                   |   | Cased Uncased Geotechnical                       |  |                               |                              |  |
| 2  | □ Livesto  | □ Livestock       8. ■ Monitoring: well ID SS03-W         □ Irrigation       9. Environmental Remediation: well ID |                                       |   |                    |                         |                   | <u> </u>  | <ul> <li>a) Closed Loop</li></ul>                |  |                               |                              |  |
|  | ☐ Feedlot  |  | ,                                     | ☐ Air Sparge ☐ Soil Vapor Extr                |                    |                         |                   |   | b) Open Loop 🔲 Surface Discharge 🗌 Inj. of Water |  |                               |                              |  |
| 4.   | . Industrial Recovery Injection                                |  |                                       |   |                    |                         |                   |   | 13. 🗌 Other (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  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
|  | TYPE OF SCREEN OR PERFORATION MATERIAL:                        |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
|  | □ Steel □ Stainless Steel □ Fiberglass ■ PVC □ Other (Specify) |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
| Brass Galvanized Steel Concrete tile None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:  |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
|  |  | nuous Slot   |                                       |   | Gauze Wraj         | pped 🗌                  | Torch C           | Cut 🗆 D   | rilled Holes                                     | Other (Specify)  |                               |                              |  |
|  | Louve  | red Shutte   | r 🗌 Key P                             | unched 🔲 🛛                                    | Wire Wrap          | ped                     | Saw Cu            | t 🗆 N   | lone (Open H                                     | lole)  |                               |                              |  |
| S  |  |  |                                       |   |                    |                         |                   |   |  | o ft., Fron  |                               |                              |  |
|  |  |  |                                       |   |                    |                         |                   |   |  | o <b>.</b> ft., Fror   |                               |                              |  |
| 9  | GROUI<br>rout Interv   | als: From  | 11.0                                  | t to 8.0                                      | ft., Fron          | n . 8.0                 | ft. to            | 1.85  | ft., From  | ft. to   | ft.                           |                              |  |
|  | learest sou  | rce of pos   | sible contami                         |   |                    |                         |                   |   |  |  |                               |                              |  |
|  | Septic   | Tank   |                                       | Lateral Lin                                   |                    | 🗖 Pit Privy             |                   | _   | Livestock Pe                                     |  | ecticide Stora<br>andoned Wat |                              |  |
|  | Sewer  |  |                                       | Cess Pool                                     |                    | ☐ Sewage I ☐ Feedyard   |                   |   | Fuel Storage<br>Fertilizer Sto                   |  | andoned wat<br>I Well/Gas W   |                              |  |
|  |  |  |                                       |   |                    | - •                     |                   |   |  |  |                               |                              |  |
|  |  |  | <u></u>                               |   |                    |                         |                   |   |  |  |                               |                              |  |
|  | 0 FROM   | TO   | Clay                                  | LITHOLO                                       | OGIC LOC           | 5                       |                   | FROM  | TO   | LITHO. LOG (con  | t.) or PLUGG                  | INGINTERVALS                 |  |
| 0  |  | 24.0   | Clay                                  |   |                    |                         |                   |   |  |  |                               |                              |  |
| $\vdash$   |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
|  |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
|  |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
| F  | 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) .5/11/2016 and this record is true to the best of my knowledge and belief. |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
| l  | inder my j   | urisdictio   | on and was co<br>Contractor's         | mpleted on (                                  | (mo-day-y<br>710   | ear) .5/.1.1/<br>This V | /2016.<br>Water 1 | and<br>Well Re  | this record                                      | is true to the best  | of my knowl<br>av-vear) 5/2   | edge and belief.<br>8/2016   |  |
| Kansas Water Well Contractor's License No. 710 This Water Well Record was completed on (mo-day-year) .5/28/2016  |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
| 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,   |  |  |                                       |   |                    |                         |                   |   |  |  |                               |                              |  |
|  |  |  | on St., Suite 420<br>lheks.gov/watery |   |                    | 67. Mail one            |                   |   |  | one for your records. 7  |                               | 296-5524.<br>rised 1/20/2015 |  |