

**WATER WELL RECORD Form WWC-5**

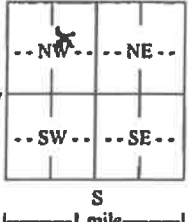
Original Record  Correction  Change in Well Use

Division of Water Resources App. No.

Well ID

<b>1 LOCATION OF WATER WELL:</b> County: <b>Sedgwick</b>	Fraction ne 1/4 sw 1/4 ne 1/4 nw 1/4	Section Number <b>7</b>	Township Number T <b>28 S</b>	Range Number R <b>2 E</b> <input type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: <b>McCannell AFB</b> Business: <b>McCannell AFB</b> Address: <b>57830 Pittsburg ST suite 120</b> Address: City: <b>McCannell AFB</b> State: <b>KS.</b> ZIP: <b>67221</b>	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input checked="" type="checkbox"/> <b>McCannell AFB.</b>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S 1 mile	<b>4 DEPTH OF COMPLETED WELL:</b> ..... <b>20</b> ..... ft. Depth(s) Groundwater Encountered: 1) ..... <b>n/a</b> ..... 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: ..... <b>5</b> ..... in. to ..... <b>20</b> ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... <b>37.633004005</b> ..... (decimal degrees) <b>Longitude:</b> ..... <b>-97.256180273</b> ..... (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input checked="" type="checkbox"/> GPS (unit make/model: <b>iPhone</b> .....) (WAAS enabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....
<b>6 Elevation:</b> <b>n/a</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....		

**7 WELL WATER TO BE USED AS:**

1. <input type="checkbox"/> Domestic <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock	2. <input type="checkbox"/> Irrigation	3. <input type="checkbox"/> Feedlot	4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	8. <input checked="" type="checkbox"/> Monitoring: well ID <b>Mccon-6-mw-001</b> .....	9. Environmental Remediation: well ID .....	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease .....	11. Test Hole: well ID .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical	12. Geothermal: how many bores? .....	a) <input type="checkbox"/> Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	b) <input type="checkbox"/> Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water	13. <input type="checkbox"/> Other (specify): .....
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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** ..... in. to ..... **10** ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface ..... **0** ..... in. Weight ..... **.68** ..... lbs./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  Gauge Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)

**SCREEN-PERFORATED INTERVALS:** From ..... **20** ..... ft. to ..... **10** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... **20** ..... ft. to ..... **5** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
Grout intervals: From ..... **5** ..... ft. to ..... **0** ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**Nearest source of possible contamination:**

<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 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) <b>N/A</b> .....				

Direction from well? **N/A** ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	20	brown 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) **05-19-2018** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **567** ..... This Water Well Record was completed on (mo-day-year) **06-14-2018** ..... under the business name of **Cascade Drilling LP** ..... Signature *[Signature]*

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.