WATER WELL R	FCOPD	Form WV	VC_E	D:	ivision of Wa						
Original Record					sources App.			117-11 775			
1 LOCATION OF W			action					Well ID			
County: Sedqwick	AIEK WEL			nw¼	ection Numl 18		ship Number		ige Number		
And the second s						T	-		E D W		
2 WELL OWNER: La Business: McConnell AF		Fi	rst;	Street or Ki	urai Addres	s where well	is located (if	unknown,	, distance and		
and and the state of the state									check here: 📰		
Address:	g O , Clare 120		1	McConnell A	#FR						
City: McConnell AFI	B S	State: KS Z	IP; 67221								
3 LOCATE WELL	4			40			27 0400050				
WITH "X" IN			ETED WELL: _		it. 5 Lati	tude:	dCU0610'1F		(decimal degrees)		
SECTION BOX:	Depth(s) Groundwater Encountered: 1)					gitude:	-97.259355(<u> </u>	(decimal degrees)		
N	2)	ft. 3)		Dry Well	<u>Hori</u>	zontal Datum	: WGS 84 [□ NAD	83 NAD 27		
	WELL'S STATIC WATER LEVEL: N/A A.					ce for Latitud					
	Delow lai	below land surface, measured on (mo-day-yr)NA					ke/model: IPH0	ONE			
NWNE		above land surface, measured on (mo-day-yr)					(WAAS enabled? Tyes No)				
	rump test dat	Pump test data: Well water was ft. after hours pumping					☐ Land Survey ☐ Topographic Map				
W	alter	Well water was ft.					Online Mapper:				
SW SE	after the second										
	Fetimated Vis	Estimated Yield:gpm				6 Elevation: N/A Ground Level TOC					
S	Bore Hole Diameter:				Sour	Source: Land Survey GPS Topographic Map					
mile	Dore Hole Di	Milletti	in to	II. autu		Other .			ho@refutte tateb		
7 WELL WATER TO BE USED AS:											
1. Domestic:			upply: well ID		10 □ €	Nil Field Wate	r Supply: lease				
Household					11 Test	Hole: well I	r zmbhiàr tease		*************		
					Π.	11. Test Hole; well ID					
Livestock						thermal: how	many bores?	recinitedi			
2. Irrigation 9. Environmental Remediation: well ID					a) (losed Loon	Horizontal	□ Verti	no!		
3. Feedlot							Surface Disch				
4. Industrial		Recovery	☐ Injection		13. □ 0	Other (specify)	·		ing. or water		
4. Industrial Recovery Injection 13. Other (specify):											
Water well disinfected? Yes No											
PARTIE OF CACING HOPE, Clarate materials and Carrier to the Carrie											
Cosing diameter 2 is to 30 A Diameter CASING JOINTS: Utiled Clamped Welded Threaded											
8 TYPE OF CASING USED: Steel PVC Other											
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											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wranged ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From .40 ft. to .30 ft., From ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.											
GRAVEL PACE	KINTERVAL	S' From	40 ft to 25	fi From	A 1	lo A	From	A to	Α		
9 GROUT MATERIAL	. Neat cer	ment Tom	ent grout Re	tonite [] (Tther	M	-, 110th	II. W ,			
Grout Intervals: From	25 ft to	0 7	From 1	ito	A From	1	R ta	8	4 * * * * * 4 4 5 4 4		
Nearest source of possible	contamination	1:	•			*****************	10. bW *********	11 161			
Septic Tank		teral Lines	☐ Pit Privy		Livestock P	ens	■ Insecticide	Storage			
☐ Sewer Lines		ss Pool	Sewage Lag		Fuel Storage		☐ Abandoned		Vett		
☐ Watertight Sewer Line		epage Pit	☐ Feedyard		Fertilizer St		Oil Well/G				
Other (Specify) n/a											
Direction from well? n/a	*******	**********	Distance from we								
10 FROM TO		THOLOGIC I	.0G	FROM	ТО	LITHO. LO	G (cont.) or PL	UGGING	INTERVALS		
o' 2 top	sall										
2 40 cla	y tili										
	Notes:										
							0.00	3			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged											
under my jurisdiction and was completed on (mo-day-year) 05-15-2016 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 of two-thy-year 08-14-2018 under the business name of Cascade Drilling LP. Signature											
under the business name of	Cascade Dri	lling LP		Si	gnature	1000	111	the	7		
Mail I white copy along	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.										
						one for your rec					
Visit us at http://www.kdheks.go	ov/waterwell/indo	ex.html		SA 828-12	4		R	evised 7	7/10/2015		