WATER WELL RECORD Form WWC-5

■ Original Record ☐ Correction ☐ Change in Well Use

Division of Water Resources App. No. _____ Well ID _____

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction ¼ ¼ SW ¼ SE ¼	Section Number 6	Township Number T 28 S	Range Number R 2 ■ E ☐ W

2 WELL OWNER: Last Name: First:
Business: 22 CEI/CEIER
Address: 15657830 Pittsburg St., Suite 120
Address:
City: McConnell AFB State: KS ZIP: 67221-3617

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: ☐
Well located within McConnell AFB, Wichita, KS

3 LOCATE WELL WITH "X" IN SECTION BOX:

N
- - NW - - - - NE - -
W E
- - SW - - - - SE - - X
S
|---------1 mile---------|

4 DEPTH OF COMPLETED WELL: ....21.3.... ft.
Depth(s) Groundwater Encountered: 1) ..... ft.
2) ..... ft. 3) ..... ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: ..... ft.
☐ below land surface, measured on (mo-day-yr).....
☐ 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 ....22.0.... ft. and
..... in. to ..... ft.

5 Latitude: .....37.63817.....(decimal degrees)
Longitude: .....97.25013.....(decimal degrees)
Horizontal Datum: ■ WGS 84 ☐ NAD 83 ☐ NAD 27
Source for Latitude/Longitude:
■ GPS (unit make/model: ..Garmin 60c.....)
(WAAS enabled? ■ Yes ☐ No)
☐ Land Survey ☐ Topographic Map
☐ Online Mapper: .....

6 Elevation: .....ft. ☐ Ground Level ☐ TOC
Source: ☐ Land Survey ■ GPS ☐ Topographic Map
☐ Other .....

7 WELL WATER TO BE USED AS:
1. Domestic:
☐ Household
☐ Lawn & Garden
☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID .....
6. ☐ Dewatering: how many wells? .....
7. ☐ Aquifer Recharge: well ID .....
8. ■ Monitoring: well ID ....B692 - MW7R....
9. Environmental Remediation: well ID .....
☐ Air Sparge ☐ Soil Vapor Extraction
☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease .....
11. Test Hole: well ID .....
☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? .....
a) Closed Loop ☐ Horizontal ☐ Vertical
b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
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 JOINTS: ☐ Glued ☐ Clamped ☐ Welded ■ Threaded
Casing diameter ....2.0..... in. to .....11.0..... ft., Diameter .....-..... in. to .....-..... ft., Diameter .....-..... in. to .....-..... ft.
Casing height above land surface .....-0.2..... in. Weight .....--..... 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 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) .....
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)
SCREEN-PERFORATED INTERVALS: From ..21.0... ft. to ..11.0.... ft., From ..-..... ft. to ..-..... ft., From ..-..... ft. to ..-..... ft.
GRAVEL PACK INTERVALS: From ...22.0.. ft. to ...8.0.... ft., From .....-..... ft. to .....-..... ft., From .....-..... ft. to .....-..... ft.

9 GROUT MATERIAL: ■ Neat cement ☐ Cement grout ■ Bentonite ☐ Other .....
Grout Intervals: From .....8.0..... ft. to ..5.0..... ft., From ..5.0..... ft. to ....1.15.... ft., From ..... ft. to ..... ft.
Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ■ Fuel Storage ☐ Abandoned Water Well
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☐ Other (Specify) .....
Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	22.0	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) .9/15/2015..... 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) .12/3/2015..... under the business name of Below Ground Surface, Inc. [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.