

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sumner	NE ¼ SW ¼ NE ¼	15	T 33 S	R 1 W

Distance and direction from nearest town or city street address of well if located within city?

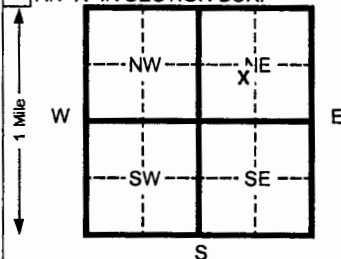
Approximately six miles south of Wellington on Highway 81, Sumner County2 WATER WELL OWNER: **McConnell Air Force Base**RR#, St. Address, Box # : **2801 S. Rock Road**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Wichita, KS 67221**

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

64 ft. ELEVATION: **1229.96 (TOC)**Depth(s) Groundwater Encountered 1 **58** ft. 2 _____ ft. 3 _____ ft.WELL'S STATIC WATER LEVEL **13.6** ft. below land surface measured on mo/day/yr **07/25/07**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **6** in. to **64** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10 Monitoring well**Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)

2 PVC 4 ABS

5 Wrought Iron 8 Concrete tile

6 Asbestos-Cement 9 Other (specify below)

7 Fiberglass

CASING JOINTS: Glued _____ Clamped _____

Welded _____

Threaded **Flush**Blank casing diameter **2** in. to **54** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.Casing height above land surface **29** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless steel

2 Brass 4 Galvanized steel

5 Fiberglass

6 Concrete tile

7 PVC 10 Asbestos-cement

8 RMP (SR)

9 ABS

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot **3 Mill slot**

2 Louvered shutter 4 Key punched

5 Gauzed wrapped

6 Wire wrapped

7 Torch cut

8 Saw cut

9 Drilled holes

10 Other (specify)

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **54** ft. to **64** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **46** ft. to **64** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement

2 Cement grout

3 Bentonite

4 Other _____

Grout Intervals From **0** ft. to **46** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines

2 Sewer lines 5 Cess pool

3 Watertight sewer lines 6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

10 Livestock pens

11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

14 Abandoned water well

15 Oil well/ Gas well

16 Other (specify below)

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	12		Silty Clay, with trace gravel, red brown			
12	16		Limestone, brown to gray, weathered			
16	22		Shale, red			
22	26		Limestone, gray			
26	34		Shale, black			
34	38		Limestone, gray			
38	48		Shale, black			
48	50		Limestone, gray			
50	58		Shale, black			
58	62		Limestone, gray			
62	64		Shale, black			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed**, (2) reconstructed, or (3) plugged under my jurisdiction and wascompleted on (mo/day/yr) **09/10/07**

and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **531**This Water Well Record was completed on (mo/day/yr) **09/25/07**under the business name of **Geotechnical Services Inc.** by (signature) *David A. Wab*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.