| WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No. | | | | | | | | | | |
|---|---|-------------------------------------|--------------------|----------------|--|---|---------------|-----------|--|--|
| I LOCATION OF WATER WELL: County: Douglas | | Fraction | | | | Township Number | Range N | umber | | |
| County: Douglas | | SE _{V4} NE _{V4} N | | 35 | | T 12 S | R 19 | | | |
| Distance and direction from nearest town or city street address of well if | | | | | Global Positioning Systems (decimal degrees, min. of 4 digits) | | | | | |
| located within city? | | | | | Latitude: | | | | | |
| 845 S. Iowa St., Lawrence, KS | | | | Longitude: | | | | | | |
| 2 WATER WELL OWNER: Sinclair Marketing, Inc. RR#, St. Address, Box # PO Box 30825 | | | | Elevation: | | | | | | |
| City State 7ID Code | | | | Datum: | | | | | | |
| Salt Lake City, UT 64130 | | | | | Data Collection Method: | | | | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 22 ft. | | | | | | | | | | |
| LOCATION WITH AN "X" IN Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. | | | | | | | | | | |
| SECTION BO | 10 | | | | | | | | | |
| N SECTION BO | Pump test data: Well water was ft. after hours pumping gpm | | | | | | | | | |
| Est. Yield gpm: Well water was ft. after hours pumping g | | | | | | | | gnm | | |
| NW NI | WELL WATER TO BE USED AS: 5 Public water s | | | | | supply 8 Air conditioning 11 Injection well | | | | |
| W | I Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | | | | | | | |
| 2 Irrigation 4 Industrial 7 Domestic (lawn& garden) Monitoring well | | | | | | | | | | |
| SW SE W X X X X X X X X | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department'? Yes No X Sample was submitted Water well disinfected? Yes No X | | | | | | | | | | |
| Sample was submitted Water well disinfected? Yes No A | | | | | | | | | | |
| | | | | | | | | | | |
| 5 TYPE OF CAS | SING USED: 5 Wrought 1 | ron 8 Con | crete tile | | CASINO | G JOINTS: Glued A | Clamp | èd . | | |
| 1 Steel | 3 RMP (SR) 6 Asbestos- | Cement 9 Othe | er (specify | below) | | Welded | | | | |
| Plant assing dian | 4 ABS / Fibergiass | ft. Diamatan | : | n to | ft. | Diameter | n to | | | |
| I Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded OVC 4 ABS 7 Fiberglass Threaded Blank casing diameter 2 in. to 22 ft., Diameter. in. to ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. SCH40 | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | |
| | | | | | | | | | | |
| I Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 1 1 Other (Specify) 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | |
| I Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes I I None (open hole) | | | | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 22 ft. to 7 ft., From ft. to ft. | | | | | | | | | | |
| From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft. | | | | | | | | | | |
| From ft. to ft., From ft. to ft. | | | | | | | | | | |
| | | | | | | | | | | |
| 6 GROUT MAT | ERIAL: I Neat cement 2 C | Cement grout Be | ntonite | 4 Other | | | | | | |
| Grout Intervals: | From $\frac{6}{1}$ ft. to $\frac{0}{1}$ | | | ft. to | ft. | ., From | ft. to | ft. | | |
| What is the nearest source of possible contamination: | | | | | | | | | | |
| I Septic tank 4 Lateral lines 7 Pit privy I 0 Livestock pens 13 Insecticide Storage Other (specify | | | | | | | | | | |
| 2 Sewer line | es 5 Cess pool nt sewer lines 6 Seepage pit 9 | | I I Fuel sto | | | andoned water well well/gas well | below) UST | | | |
| Direction from we | 11 Southeast | Feedyard | How many | zer Storag | e 13 OII | wen/gas wen | | | | |
| FROM TO | LITHOLOGIC | LOG | FROM | TO | | PLUGGING INTE | RVALS | | | |
| 0 3 | Dark brown clay under aspha | | 22 | 6 | 10/20 Sa | | IK V/KD5 | | | |
| 3 8 | Dark brown to red clays | | 6 | 0 | 1. | onite chips | | | | |
| 8 12 | Light tan limestone | | | | | | | | | |
| 12 17 | Light yellowsoft limestone | | | | | | | | | |
| 17 21 | Black shale | | | | | | | | | |
| 21 22 | Hard grey limestone | | | | | | | | | |
| | | | | | T-MW4I | R | | | | |
| | | | | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged | | | | | | | | | | |
| under my jurisdiction and was completed on (mo/day/year) 8-23-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on mo/day/year) 8-28-06 | | | | | | | | | | |
| Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on morday/year) 8-28-06 under the business name of Pratt Well Environmental by (signature) | | | | | | | | | | |
| INSTRUCTIONS: 116 | the typewriter or ball point pen. PLEAS | E PRESS FIRMLY and I | Dy PRINT clearl | v. Please fill | l in blanks | | rect ans | Send top | | |
| three copies to Kansas | Department of Health and Environment | , Bureau of Water, Geolo | gy Section, 1 | 000 SW Jac | kson S., Su | iite 420, Topeka, Kansas 66 | 6612- 1 367. | Telephone | | |
| 785-296-5522. Send one to WATER WELL 0WNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells. | | | | | | | | | | |
| nttp.//www.kulic.state. | No. war goor water wells. | | | | | | | | | |