

WATER WELL RECORD

MW-3

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Johnson</u>		<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>19</u>	<u>T 12 S</u>	<u>R 25 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Amos # 8655 7447 Metcalf Ave</u>			Global Positioning Systems (decimal degrees, min. of 4 digits)		
			Latitude: _____		
			Longitude: _____		
2 WATER WELL OWNER: <u>BP Products North America Inc</u>			Elevation: _____		
RR#, St. Address, Box # : <u>28100 Torch Parkway</u>			Datum: _____		
City, State, ZIP Code : <u>Warrenville IL 60555</u>			Data Collection Method: _____		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>13.69</u> ft.			
		Depth(s) Groundwater Encountered (1) <u>2.85</u> ft. (2) _____ ft. (3) _____ ft.			
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr. _____			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10 Monitoring well</u>			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr					
Sample was submitted <u>N/A</u> Water well disinfected? Yes _____ No <u>X</u>					
5 TYPE OF CASING USED:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: <u>Glued</u> _____ Clamped _____
<u>2 PVC</u>		4 ABS	7 Fiberglass		Welded _____
Blank casing diameter <u>2</u> in. to <u>3.69</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.					
Casing height above land surface <u>0</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. <u>sch 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless Steel	5 Fiberglass	<u>7 PVC</u>	9 ABS
2 Brass		4 Galvanized Steel	6 Concrete tile	8 RM (SR)	10 Asbestos-Cement
					11 Other (Specify) _____
					12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		<u>3 Mill slot</u>	5 Gauzed wrapped	7 Torch cut	9 Drilled holes
2 Louvered shutter		4 Key punched	6 Wire wrapped	8 Saw cut	10 Other (specify) _____
					11 None (open hole)
SCREEN-PERFORATED INTERVALS: From <u>3.69</u> ft. to <u>13.69</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>unknown</u> ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____					
Grout Intervals: From <u>1</u> ft. to <u>13.69</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	13 Insecticide storage
2 Sewer lines		5 Cess pool	8 Sewage lagoon	<u>11 Fuel storage</u>	14 Abandoned water well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	15 Oil well/gas well
					16 Other (specify below)
Direction from well? _____			How many feet? _____		
FROM	TO	LITHOLOGIC LOG		FROM	TO
				<u>0</u>	<u>1</u>
				<u>1</u>	<u>13.69</u>
		Top Soil / gravel			
		Bentonite			
		well casing screen was removed!			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>7-6-09</u> and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. <u>759</u> This Water Well Record was completed on (mo/day/year) <u>7-19-09</u>					
under the business name of <u>RAZEK Environmental LLC</u> by (signature) <u>Anthony J. Paulster</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .					