

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No.

# 12

|                                                                                                 |  |                             |                                                                |                 |                |
|-------------------------------------------------------------------------------------------------|--|-----------------------------|----------------------------------------------------------------|-----------------|----------------|
| 1 LOCATION OF WATER WELL:                                                                       |  | Fraction                    | Section Number                                                 | Township Number | Range Number   |
| County: <b>Johnson</b>                                                                          |  | <b>NW 1/4 NE 1/4 NE 1/4</b> | <b>16</b>                                                      | <b>T 13 S</b>   | <b>R 24 EW</b> |
| Distance and direction from nearest town or city street address of well if located within city? |  |                             | Global Positioning Systems (decimal degrees, min. of 4 digits) |                 |                |
| <b>Texaco Station 13705 College Blvd Olathe, Ks.</b>                                            |  |                             | Latitude: <b>38° 55' 36.5"</b>                                 |                 |                |
| 2 WATER WELL OWNER: <b>Shell Oil Products U.S.</b>                                              |  |                             | Longitude: <b>94° 44' 41.6"</b>                                |                 |                |
| RR#, St. Address, Box # : <b>308 Wilcox #101</b>                                                |  |                             | Elevation: _____                                               |                 |                |
| City, State, ZIP Code : <b>Castle Rock, CO. 80104</b>                                           |  |                             | Datum: _____                                                   |                 |                |
|                                                                                                 |  |                             | Data Collection Method: _____                                  |                 |                |

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL <b>20'</b> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <div style="text-align: center;"> </div>             | Depth(s) Groundwater Encountered (1) <b>15'</b> ft. (2) _____ ft. (3) _____ ft.<br>WELL'S STATIC WATER LEVEL <b>16.01</b> ft. below land surface measured on mo/day/yr. <b>9-9-05</b><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <b>10</b> Monitoring well _____<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> _____ If yes, mo/day/yr<br>Sample was submitted _____ Water well disinfected? Yes _____ No <b>X</b> _____ |

|                                                                                                                          |                    |                    |                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------------------|
| 5 TYPE OF CASING USED:                                                                                                   | 5 Wrought Iron     | 8 Concrete tile    | CASING JOINTS: Glued _____ Clamped _____ |
| 1 Steel                                                                                                                  | 3 RMP (SR)         | 6 Asbestos-Cement  | Welded _____                             |
| <b>2 PVC</b>                                                                                                             | 4 ABS              | 7 Fiberglass       | Threaded <b>X</b>                        |
| Blank casing diameter <b>2.375</b> in. to <b>5</b> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. |                    |                    |                                          |
| Casing height above land surface <b>Flush</b> in., weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>      |                    |                    |                                          |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                  |                    |                    |                                          |
| 1 Steel                                                                                                                  | 3 Stainless Steel  | 5 Fiberglass       | <b>7 PVC</b>                             |
| 2 Brass                                                                                                                  | 4 Galvanized Steel | 6 Concrete tile    | 8 RM (SR)                                |
|                                                                                                                          |                    | 10 Asbestos-Cement | 11 Other (Specify) _____                 |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                      |                    |                    |                                          |
| 1 Continuous slot                                                                                                        | <b>3 Mill slot</b> | 5 Guazed wrapped   | 7 Torch cut                              |
| 2 Louvered shutter                                                                                                       | 4 Key punched      | 6 Wire wrapped     | 8 Saw Cut                                |
|                                                                                                                          |                    | 9 Drilled holes    | 11 None (open hole)                      |
| SCREEN-PERFORATED INTERVALS: From <b>20'</b> ft. to <b>5'</b> ft., From _____ ft. to _____ ft.                           |                    |                    |                                          |
| GRAVEL PACK INTERVALS: From <b>20'</b> ft. to <b>4'</b> ft., From _____ ft. to _____ ft.                                 |                    |                    |                                          |

|                                                                                                                        |                 |                           |                        |                         |
|------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|------------------------|-------------------------|
| 6 GROUT MATERIAL:                                                                                                      | 1 Neat cement   | 2 Cement grout            | <b>3 Bentonite</b>     | <b>4 Concrete</b>       |
| Grout Intervals: From <b>4'</b> ft. to <b>1'</b> ft., From <b>1'</b> ft. to <b>0'</b> 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           | <b>11 Fuel storage</b> | 14 Abandoned water well |
| 3 Watertight sewer lines                                                                                               | 6 Seepage pit   | 9 Feedyard                | 12 Fertilizer Storage  | 15 Oil wll/gas well     |
| Direction from well? <b>West</b>                                                                                       |                 | How many feet? <b>35'</b> |                        |                         |

| FROM        | TO          | LITHOLOGIC LOG                               | FROM | TO | PLUGGING INTERVALS |
|-------------|-------------|----------------------------------------------|------|----|--------------------|
| <b>0</b>    | <b>5.0</b>  | <b>Concrete</b>                              |      |    |                    |
| <b>5.0</b>  | <b>2.0</b>  | <b>ls. R. Gravel</b>                         |      |    |                    |
| <b>2.0</b>  | <b>5.0</b>  | <b>Br. clay, Moab, firm</b>                  |      |    |                    |
| <b>5.0</b>  | <b>10.0</b> | <b>lt. Br. silty clay, Med. plastic</b>      |      |    |                    |
|             |             | <b>Moab</b>                                  |      |    |                    |
| <b>10.0</b> | <b>12.0</b> | <b>very dk. Br. organic soil, Moab, firm</b> |      |    |                    |
| <b>12.0</b> | <b>20.0</b> | <b>Br. silty clay, firm, Moab w/</b>         |      |    |                    |
|             |             | <b>don concretions</b>                       |      |    |                    |
|             |             |                                              |      |    |                    |
|             |             |                                              |      |    |                    |
|             |             |                                              |      |    |                    |

|                                                                                                                                                                                                                                                                    |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <b>constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>9-1-05</b> and this record is true to the best of my knowledge and belief. |                                                                       |
| Kansas Water Well Contractor's License No. <b>732</b>                                                                                                                                                                                                              | This Water Well Recored was completed on (mo/day/year) <b>9-11-05</b> |
| Under the business name of <b>JB Env. Services</b>                                                                                                                                                                                                                 | by (signature) <b>James Bueker</b>                                    |

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 constructed well.