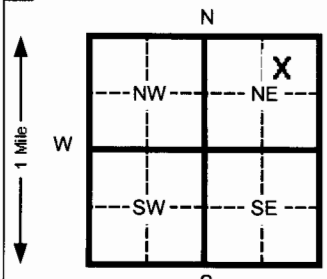
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. **MW-2**

| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|---|---|---|---|---|
| County: **Osage** | **SW** ¼ **NE** ¼ **NE** ¼ | **26** | T **16** S | R **14** E/W |

Distance and direction from nearest town or city street address of well if located within city?
**702 Market Street, Osage City, Kansas**

2 WATER WELL OWNER: **Chevron Environmental Management Company**
RR#, St. Address, Box # : **2300 Windy Ridge Parkway, Suite 575**
City, State, ZIP Code : **Atlanta, Georgia 30339-5665**
Board of Agriculture, Division of Water Resources Application Number:

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




4 DEPTH OF COMPLETED WELL **12.5** ft. ELEVATION:
Depth(s) Groundwater Encountered 1 **10.5** ft. 2 ____ ft. 3 ____ ft.
WELL'S STATIC WATER LEVEL **4.68** ft. below land surface measured on mo/day/yr **10/12/06**
Pump test data: Well water was ____ ft. after ____ hours pumping ____ gpm
Est. Yield **NA** gpm: Well water was ____ ft. after ____ hours pumping ____ gpm
Bore Hole Diameter **8.5** in. to **12.5** 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 submitted ____ Water Well Disinfected? Yes ____ No **X**

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued ____ Clamped ____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded ____
(2) PVC 4 ABS 7 Fiberglass ____ Threaded **X**
Blank casing diameter **2.375** in. to **4.0** ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface **Flush Mount** in., weight ____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____
SCREEN-PERFORATED INTERVALS: From **12.5** ft. to **4.0** ft. From ____ ft. to ____ ft.
From ____ ft. to ____ ft. From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From **12.5** ft. to **3.0** 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 **0.0** ft. to **1.0** ft. From **1.0** ft. to **3.0** 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 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage (former) 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage ____
Direction from well? **Northeast** How many feet? **25**

| FROM | TO | CODE | LITHOLOGIC LOG |
|---|---|---|---|
| 0.0 | 1.0 | | Asphalt/Concrete |
| 1.0 | 10.0 | | Brown silty clay, firm-very firm, moist |
| 10.0 | 10.5 | | Brown-orange brown silty clay, gravely, trace sand, very firm, moist |
| 10.5 | 12.5 | | Shale and limestone, wet |
| | | | Flush-mount well completion waiver approved by Don Taylor, KDHE-BOW |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **10/10/06** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **10/16/06** under the business name of **Quad State Services, Inc.** by (signature)

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.

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