

1 LOCATION OF WATER WELL: County: Franklin		Fraction NE ¼ SW ¼ NW ¼ NE ¼		Section Number 10		Township No. T 18 S		Range Number R 18 ☒ E ☐ W																																																																			
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ . The well is located in a farm field about 1/4 mile SW of the intersection of Old HWY 50 & Hamilton Rd near Homewood, K.S.				Global Positioning System (GPS) information: Latitude: <u>N 38.50446</u> (in decimal degrees) Longitude: <u>W 95.40416</u> (in decimal degrees) Elevation: _____ Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27 Collection Method: ☒ GPS unit (Make/Model: <u>Garmin 60CS</u>) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m																																																																							
2 WATER WELL OWNER: ConocoPhillips RR#, Street Address, Box #: 1234 Phillips Building City, State, ZIP Code : Bartlesville, OK 74004																																																																											
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 				4 DEPTH OF COMPLETED WELL <u>12</u> ft. Depth(s) Groundwater Encountered (1) <u>Dry</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>3.99</u> ft. below land surface measured on mo/day/yr. <u>11/20/09</u> 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 <u>8</u> in. to <u>12</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☐ Other (Specify below) ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☒ Monitoring well Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No If yes, mo/day/yr sample was submitted _____ Water well disinfected? ☐ Yes ☒ No																																																																							
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other _____ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☒ Threaded Casing diameter <u>2</u> in. to _____ ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>30</u> in., Weight _____ lbs./ft., Wall thickness or gauge No. <u>Sch. 40</u> TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify) _____ ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: ☐ Continuous slot ☒ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) ☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>12</u> ft. to <u>7</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																											
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other _____ Grout Intervals: From <u>6</u> ft. to <u>2</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☒ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well <u>Petroleum Pipeline</u> Direction from well _____ Distance from well _____																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>7</td> <td>Silty clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>12</td> <td>Sandstone</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	7	Silty clay				7	12	Sandstone																																																			
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) <u>11/20/09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>719</u> This Water Well Record was completed on (mo/day/year) <u>11/25/09</u> under the business name of <u>Below Ground Surface, Inc.</u> by (signature) <u>[Signature]</u>																																																																											
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .																																																																											