GSI Job No. 117176 **SVE/AS-1**

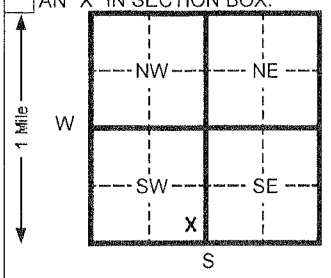
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL: County: **Butler** | Fraction: **SE ¼ SE ¼ SW ¼** | Section Number: **32** | Township Number: T **25** S | Range Number: R **3** E

Distance and direction from nearest town or city street address of well if located within city?
Approx. 200' S of Parallel St. and 1/2 mi. E of Butler Rd. – near Benton

2 WATER WELL OWNER: **El Paso Merchant Energy-Petroleum Co.**
RR#, St. Address, Box # : **2 N. Nevada Ave.**
City, State, ZIP Code : **Colorado Springs, CO 80903**
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 **25.2** ft. ELEVATION: **1324.01 (TOC)**
Depth(s) Groundwater Encountered 1 **13.0** ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL **13.08** ft. below TOC 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
Bore Hole Diameter **10.25** in. to **27.5** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feed lot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden (domestic) 8 Air conditioning 9 Dewatering **10 Monitoring well** 11 Injection well 12 Other (Specify below) _____
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: **2 PVC** (1 Steel 3 RMP (SR) 4 ABS 5 Wrought Iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) _____)
CASING JOINTS: Glued _____ Clamped _____ Welded _____ **Threaded Flush**
Blank casing diameter **4** in. to **10.2** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **0** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** (1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole))
SCREEN OR PERFORATION OPENINGS ARE: **3 Mill slot** (1 Continuous slot 2 Louvered shutter 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole))
SCREEN-PERFORATED INTERVALS: From **10.2** ft. to **25.2** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **9.0** ft. to **25.2** 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 **1.0** ft. to **9.0** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
What is the nearest source of possible contamination:
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well 16 Other (specify below) _____
Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	6.0		**Lean Clay, dark brown to dark olive brown**			
6.0	16.0		**Shale, weathered, with limestone lenses, dark olive brown to light brown**			
16.0	21.0		**Shale, weathered, dark gray to dark olive brown**			
21.0	27.5		**Limey Shale, blue gray**			
						GPS Coordinates:
						Northing: 1737436.87
						Easting: 1709285.09

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) **07/12/11** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **07/22/11**
under the business name of **Geotechnical 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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