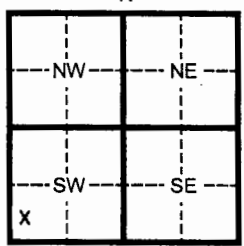


## WATER WELL RECORD

Form WWC-5

KSA 82a-1212

ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <b>Butler</b>		<b>SW</b> ¼ <b>SW</b> ¼ <b>SW</b> ¼	<b>26</b>		T <b>25</b> S		R <b>05</b> <b>E</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>1835 N. Topeka, El Dorado (Former Coastal Refinery)</b>								
2 WATER WELL OWNER:		<b>El Paso Merchant Energy-Petroleum Company</b>						
RR#, St. Address, Box #		<b>2 N. Nevada Ave</b>			Board of Agriculture, Division of Water Resources			
City, State, ZIP Code		<b>Colorado Springs, CO 80903</b>			Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>19</b> ft. ELEVATION: <b>1301.57 TOC</b>						
		Depth(s) Groundwater Encountered 1 <b>10</b> 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						
		Bore Hole Diameter <b>8</b> in. to <b>19.5</b> 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) <b>10 Monitoring well</b>						
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____						
		Water Well Disinfected? Yes _____ No <b>X</b>						
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued _____ Clamped _____						
1 Steel 3 RMP (SR)		Welded _____						
<b>2 PVC</b> 4 ABS		<b>Flush</b>						
7 Fiberglass								
Blank casing diameter <b>2</b> in. to <b>9</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface <b>36</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>								
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 <b>PVC</b> 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:		8 Saw cut 11 None (open hole)						
1 Continuous slot 3 <b>Mill slot</b> 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____								
2 Louvered shutter 4 Key punched 7 Torch cut								
SCREEN-PERFORATED INTERVALS: From <b>9</b> ft. to <b>19</b> ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From <b>7.6</b> ft. to <b>19.5</b> ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other _____								
Grout Intervals From <b>0</b> ft. to <b>7.6</b> ft. From _____ ft. to _____ ft.								
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well						
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well								
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____								
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage								
Direction from well? _____ How many feet? _____								
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
<b>0</b>	<b>2.5</b>		<b>No description</b>					
<b>2.5</b>	<b>5.5</b>	<b>CH</b>	<b>Sandy Clay</b>					
<b>5.5</b>	<b>5.75</b>	<b>GP</b>	<b>Gravel</b>					
<b>5.75</b>	<b>14.5</b>	<b>CH</b>	<b>Clay</b>					
<b>14.5</b>	<b>19.5</b>		<b>Limestone</b>					
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) <b>5-10-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>7-20-05</b> under the business name of <b>Geotechnical Services, Inc.</b> by (signature) <b>Allison M. Irwin</b>								
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.								