WATER WELL RECORD Form WWC-5 KSA 82a-1212

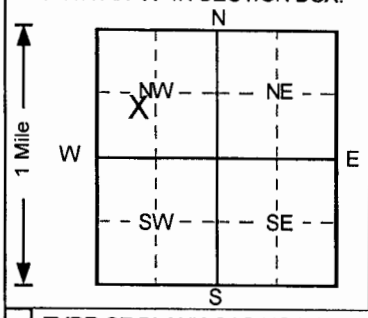
1 LOCATION OF WATER WELL: County: Sedgwick	Fraction: NE ¼ NE ¼ SW ¼	Section Number: 8	Township Number: T 26 S	Range Number: R 1 (E)/W

Distance and direction from nearest town or city street address of well if located within city?
500 W. 61st St. North, Park City

2 WATER WELL OWNER: El Paso Corporation
RR#, St. Address, Box # : 2 North Nevada Ave.
City, State, ZIP Code : Colorado Springs, CO 80903

Board of Agriculture, Division of Water Resources
Application Number:

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



4 DEPTH OF COMPLETED WELL ..... 30 ..... ft. ELEVATION: ..... 0 .....
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL ... 18 ..... ft. below land surface measured on mo/day/yr 9/17/2004
Pump test data: Well water was .... NA .... ft. after ..... hours pumping ..... gpm
Est. Yield .. NA ... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter .... 8 .... in. to ..... 30 ..... ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public water supply 6 Oil field water supply 7 Lawn and garden only 8 Air conditioning 9 Dewatering 10 Monitoring well 11 Injection well (12) Other (Specify below) ... Air sparge .....
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 BLANK CASING USED: 1 Steel (2) PVC 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. ✓ .....
Blank casing diameter ..... 1 ..... in. to .... 27.5 .... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface ..... 0 ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ..... Sch. 40 .....
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile (7) PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter (3) Mill slot 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 ..... 27.5 ..... ft. to ..... 30 ..... ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From ..... 25.5 ..... ft. to ..... 30 ..... 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 ..... 3 ..... ft. to ..... 14 ..... ft., From ..... 14 ..... ft. to ..... 25.5 ..... 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) ... Abandoned pipeline ..
Direction from well? East How many feet? 100

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil,			
1	7	Clay,			
7	8	Sand, fine grained,			
8	10	Clay, silty,			
10	30	Sand, medium to coarse grained,			
					3-AS20
					Project Name: Metrix - Park City
					GeoCore # 1178 , #

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BUREAU OF WATER

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/year) ..... 9/17/2004 ..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. ..... 527 ..... This Water Well Record was completed on (mo/day/yr) ... 10/7/04 .....
under the business name of GeoCore, Inc. by (signature) Dale Wolf

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼