

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. 0032001

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>SEDGWICK</b>		<b>NE ¼ NE ¼ NE ¼</b>		<b>23</b>		<b>T 27 S</b>		<b>R 01</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>	
Distance and direction from nearest town or city street address of well if located within city? <b>4605 E. CENTRAL (IN CITY EASEMENT ALONG PERSHING)</b>									
2 WATER WELL OWNER:		<b>VALERO ENERGY CORP</b>							
RR#, St. Address, Box # :		<b>5590 HAVANA ST. UNIT B</b>							
City, State, ZIP Code :		<b>DENVER CO 80239</b>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>20</b> ft. ELEVATION: <b>1375.05 (TOC)</b>							
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.							
		WELL'S STATIC WATER LEVEL <b>5.22</b> ft. below land surface measured on mo/day/yr <b>8-27-03</b>							
		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>8.5</b> in. to <b>20</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:									
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
<b>2 PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded <b>FLUSH</b>									
Blank casing diameter <b>2</b> in. to <b>5</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>FLUSH</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 PVC 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 RMP (SR) 11 Other (specify) _____									
3 Mill slot 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____									
7 Torch cut									
SCREEN-PERFORATED INTERVALS: From <b>5</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>4</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____									
Grout Intervals From <b>1</b> ft. to <b>4</b> 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 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? _____ How many feet? _____									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , <b>(2) reconstructed</b> , or <b>(3) plugged</b> under my jurisdiction and was completed on (mo/day/yr) <b>9-24-03</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>10-10-03</b>									
under the business name of <b>GEOTECHNICAL SERVICES, INC.</b> by (signature) <i>[Signature]</i>									
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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