

WATER WELL RECORD

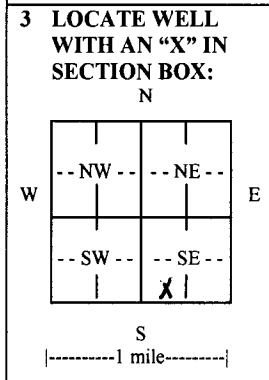
Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: <u>Neosho</u>	Fraction - $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number <u>28</u>	Township No. T <u>27</u> S	Range Number R <u>18</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
 Former Continental Refinery
 E 14 St. & Katy Rd, Chanute, KS MW-32

2 WATER WELL OWNER: ConocoPhillips Company RM and R RR#, Street Address, Box #: <u>420 South Keeler Avenue</u> City, State, ZIP Code : <u>Bartlesville, OK 74004</u>	Global Positioning System (GPS) information: Latitude: <u>N 37.66890</u> (in decimal degrees) Longitude: <u>W 95.43790</u> (in decimal degrees) Elevation: <u>unknown</u> Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <u>Garmin Geko 101</u>)..... <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m
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4 DEPTH OF COMPLETED WELL 24.5..... ft.

Depth(s) Groundwater Encountered (1) 18..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL unk.....ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was.....ft. after..... hours pumping..... gpm

EST. YIELD. <50.....gpm. Well water was.....ft. after..... hours pumping..... gpm

Bore Hole Diameter 8.....in. to 24.5.....ft., andin. toft.

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 2..... in. to 24.5..... ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface 30..... in., Weight 0.682..... lbs./ft., Wall thickness or gauge No. 0.154".....

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 14.5..... ft. to 24.5..... ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 12.5..... ft. to 24.5..... ft., From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From 0..... ft. to 12.5..... 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

Direction from well unknown..... Distance from well unknown.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	15	ol brown, fat clay			
15	20	ol gray, sandy clay			
20	24.5	greenish brown, silty sand			

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) 12/15/2010.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 616..... This Water Well Record was completed on (mo/day/year) 12/20/2011..... under the business name of Thiele Geotech, Inc...... by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check for 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 constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.