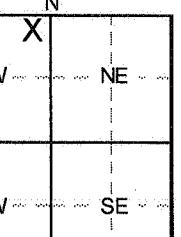


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction NE ¼ NE ¼ NW ¼	Section Number 7	Township Number T 27 S	Range Number R 3 E/W	
Distance and direction from nearest town or city street address of well if located within city? <b>NW easement at 2028 N Ruger, Andover.</b>						
2 WATER WELL OWNER:		NuStar Operating Pipeline P'ship LP 19003 IH-10 West San Antonio, TX 78257				Board of Agriculture, Division of Water Resources Application Number:
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<input type="checkbox"/> DEPTH OF COMPLETED WELL ..... 45 ..... ft. ELEVATION: ..... 1352.21 ..... Depth(s) Groundwater Encountered 1 ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... 32.64 ..... ft. below land surface measured on mo/day/yr ..... 9/30/2013 ..... 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 ..... 6 ..... in. to ..... 45 ..... ft. and ..... in. to ..... ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well				
		Was a chemical/bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>				
5 TYPE OF BLANK CASING USED:		1 Steel <input checked="" type="radio"/> 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. <input checked="" type="checkbox"/>
Blank casing diameter ..... 2 ..... in. to ..... 25 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.						
Casing height above land surface ..... -5.04 ..... 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 ..... 25 ..... ft. to ..... 45 ..... ft., From ..... ft. to ..... ft.						
From ..... ft. to ..... ft., From ..... ft. to ..... ft.						
GRAVEL PACK INTERVALS: From ..... 23 ..... ft. to ..... 45 ..... ft., From ..... ft. to ..... ft.						
From ..... ft. to ..... ft., From ..... ft. to ..... ft.						
6 GROUT MATERIAL: 1 Neat cement Grout Intervals: From ..... 0 ..... ft. to ..... 2 ..... ft., From ..... 2 ..... ft. to ..... 23 ..... ft., From ..... ft. to ..... ft.		2 Cement grout 3 Bentonite	4 Other			
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 ..... LITHOLOGIC LOG		FROM ..... TO ..... PLUGGING INTERVALS				
0	5	Asphalt-Concrete,				
5	10	Clay, Black				
10	20	Clay w/Silt, Lt. Olive Brown				
20	25	Clay w/Gravel, Olive Yellow				
25	30	As above, tr. Sand w/Gravel,				
30	50	Clay, Lt. Olive Brown				
						MW15, Flushmount
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) ..... 9/30/2013 ..... 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) ..... 10/28/13 ..... by (signature) <i>Date 10/28/13</i>						
under the business name of <b>GeoCore, Inc.</b>						
INSTRUCTIONS: Use typewriter or ball point pen. <b>PLEASE PRESS FIRMLY</b> and <b>PRINT</b> 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.						

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction was completed on (mo/day/year) ..... 9/30/2013 ..... 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) 10/28/13  
under the business name of GeoCore, Inc. by (signature) Dale Lohr

**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.