

|   |   |                             |                                |   |
|---|---|-----------------------------|--------------------------------|---|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Butler</b> | Fraction<br><b>1/4 SW 1/4 SW 1/4 NW 1/4</b> | Section Number<br><b>22</b> | Township Number<br><b>27 S</b> | Range Number<br><b>4</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|---|---|-----------------------------|--------------------------------|---|

Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

S of intersection of W Kelly Ave & SW Hunter Rd

**Global Positioning Systems (GPS) Information:**

Latitude: **37.688117** (in decimal degrees)

Longitude: **-96.989227** (in decimal degrees)

Elevation: \_\_\_\_\_

Datum: ☒ WGS84 ☐ NAD83 ☐ NAD27

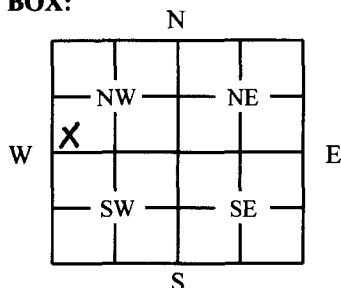
Collection Method:

☐ GPS unit Make/Model: \_\_\_\_\_

☒ Digital Map/Photo ☐ Topographic Map ☐ Land Survey

Est. Accuracy: ☐ <3 m ☐ 3-5 m ☐ 5-15 ☐ >15

**2 WATER WELL OWNER:** NuStar Operating Pipeline P'Ship LP  
RR#, St. Address, Box # **19003 IH-10 West**  
City, State ZIP Code **San Antonio, TX 78257**

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

**4 DEPTH OF WELL:** **15** ft.

WELL'S STATIC WATER LEVEL: **5** ft.

WELL WAS USED AS:

☐ Domestic

☐ Public Water Supply

☐ Dewatering

☐ Irrigation

☐ Old Field Water Supply

☒ Monitoring

☐ Feedlot

☐ Domestic (Lawn/Garden)

☐ Injection Well

☐ Industrial

☐ Air Conditioning

☐ Other \_\_\_\_\_

Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No

**5 TYPE OF BLANK CASING USED:**

☐ Steel

☐ RMP (SR)

☐ Wrought

☐ Fiberglass

☐ Other: \_\_\_\_\_

☒ PVC

☐ ABS

☐ Asbestos/Cement

☐ Concrete Tile

Blank casing diameter: **2** in. Was casing pulled? ☒ Yes ☐ No If Yes, how much **15'**

Casing height above or below land surface: \_\_\_\_\_ in.

**6 GROUT PLUG MATERIAL:**

☐ Neat cement

☐ Cement grout

☒ Bentonite

☐ Other: \_\_\_\_\_

Grout Plug Intervals: From **3** ft. To **15** ft. From \_\_\_\_\_ ft. To \_\_\_\_\_ ft. From \_\_\_\_\_ ft. To \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

☐ Septic tank

☐ Seepage pit

☐ Fuel storage

☐ Other (specify below): \_\_\_\_\_

☐ Sewer lines

☐ Pit privy

☐ Fertilizer storage

☐ Watertight sewer lines

☐ Sewage lagoon

☐ Insecticide storage

☐ Lateral lines

☐ Feedyard

☐ Abandoned water well

Direction from well: \_\_\_\_\_

☐ Cess pool

☐ Livestock pens

☐ Oil well/Gas well

How many feet: \_\_\_\_\_

| FROM | TO | PLUGGING MATERIAL | FROM | TO | PLUGGING MATERIAL |
|------|----|-------------------|------|----|-------------------|
| 0    | 3  | Native soil (8")  |      |    |                   |
| 3    | 15 | Bentonite (2")    |      |    |                   |
|      |    |                   |      |    | F-2               |
|      |    |                   |      |    |                   |
|      |    |                   |      |    |                   |
|      |    |                   |      |    |                   |
|      |    |                   |      |    |                   |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) **9/17/2015** 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/year) **9/23/2015** under the business name of **GeoCore Inc.** by (signature) *[Signature]*

**INSTRUCTIONS:** Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.