

1 LOCATION OF WATER WELL: County: Butler		Fraction 1/4 SW 1/4 SW 1/4 NW 1/4		Section Number 22	Township Number 27 S	Range Number 4 ☒ E ☐ 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: 37.688067 (in decimal degrees) Longitude: -96.988621 (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: N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px; text-align: center;">X</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px;">SE</td> </tr> </table> S		NW	NE	X		SW	SE	4 DEPTH OF WELL: <u>15</u> ft. WELL'S STATIC WATER LEVEL: <u>10</u> ft. WELL WAS USED AS: ☐ Domestic ☐ Irrigation ☐ Feedlot ☐ Industrial ☐ Public Water Supply ☐ Old Field Water Supply ☐ Domestic (Lawn/Garden) ☐ Air Conditioning ☐ Dewatering ☒ Monitoring ☐ Injection Well ☐ Other _____ Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No																																														
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5 TYPE OF BLANK CASING USED: ☐ Steel ☒ PVC ☐ RMP (SR) ☐ ABS ☐ Wrought ☐ Asbestos/Cement ☐ Fiberglass ☐ Concrete Tile ☐ Other: _____ Blank casing diameter: <u>2</u> in. Was casing pulled? ☒ Yes ☐ No If Yes, how much <u>15'</u> Casing height above or below land surface: _____ in.																																																						
6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other: _____ Grout Plug Intervals: From <u>3</u> ft. To <u>15</u> ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft. What is the nearest source of possible contamination: ☐ Septic tank ☐ Sewer lines ☐ Watertight sewer lines ☐ Lateral lines ☐ Cess pool ☐ Seepage pit ☐ Pit privy ☐ Sewage lagoon ☐ Feedyard ☐ Livestock pens ☐ Fuel storage ☐ Fertilizer storage ☐ Insecticide storage ☐ Abandoned water well ☐ Oil well/Gas well ☐ Other (specify below): _____ Direction from well: _____ How many feet: _____																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIAL</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIAL</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Native soil (8")</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>15</td> <td>Bentonite (2")</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>F-15</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL	0	3	Native soil (8")				3	15	Bentonite (2")									F-15																								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9/17/2015</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> . This Water Well Record was completed on (mo/day/year) <u>9/23/2015</u> under the business name of <u>GeoCore Inc.</u> by (signature) <u>[Signature]</u> .																																																						
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 .																																																						