

# WATER WELL RECORD Form WWC-5

☐ Original Record ☐ Correction ☐ Change in Well Use

Division of Water  
Resources App. No.

Well ID

| <b>1 LOCATION OF WATER WELL:</b><br>County: <b>Butler</b>  |    | Fraction<br>SW 1/4 SW 1/4 NW 1/4 SE 1/4  | Section Number<br><b>27</b> | Township Number<br><b>T 27 S</b> | Range Number<br><b>R 4 E W</b>           |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
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| <b>2 WELL OWNER:</b> Last Name: <b>Williams</b><br>Business: <b>Petroleum Services, LLC</b><br>Address: <b>One Williams Center</b><br>City: <b>Tulsa</b> State: <b>OK</b> ZIP: <b>74172</b>  |    | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/><br><b>Walnut River Project</b><br><b>East of Highway 77 south of Augusta, KS</b> |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><div style="text-align: center;"> <table border="1" style="width: 100px; margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> </div> <p style="text-align: center;">S<br/>1 mile</p>   |    |  |                             |                                  |  |         |    |                |      | <b>4 DEPTH OF COMPLETED WELL:</b> <b>30</b> ft.<br>Depth(s) Groundwater Encountered: 1) <b>25</b> ft.<br>2) <b>N/A</b> ft. 3) <b>N/A</b> ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: <b>22.53</b> ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) 1-26-16<br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was <b>N/A</b> ft.<br>after <b>N/A</b> hours pumping <b>N/A</b> gpm<br>Well water was <b>N/A</b> ft.<br>after <b>N/A</b> hours pumping <b>N/A</b> gpm<br>Estimated Yield: <b>N/A</b> gpm<br>Bore Hole Diameter: <b>8.25</b> in. to <b>30</b> ft. and<br><b>N/A</b> in. to <b>N/A</b> ft. |  | <b>5 Latitude:</b> <b>37.6703</b> (decimal degrees)<br><b>Longitude:</b> <b>-96.9798</b> (decimal degrees)<br>Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
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| <b>6 Elevation:</b> <b>1222.59</b> ft. <input type="checkbox"/> Ground Level <input checked="" type="checkbox"/> TOC<br>Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Other .....   |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| <b>7 WELL WATER TO BE USED AS:</b>   |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> 1. Domestic:<br/><input type="checkbox"/> Household<br/><input type="checkbox"/> Lawn &amp; Garden<br/><input type="checkbox"/> Livestock<br/>2. <input type="checkbox"/> Irrigation<br/>3. <input type="checkbox"/> Feedlot<br/>4. <input type="checkbox"/> Industrial </div> <div style="width: 33%;"> 5. <input type="checkbox"/> Public Water Supply: well ID .....<br/>6. <input type="checkbox"/> Dewatering: how many wells? .....<br/>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br/>8. <input checked="" type="checkbox"/> Monitoring: well ID <b>WRA01 16-02</b><br/>9. Environmental Remediation: well ID .....<br/><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br/><input type="checkbox"/> Recovery <input type="checkbox"/> Injection </div> <div style="width: 33%;"> 10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br/>11. Test Hole: well ID .....<br/><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br/>12. Geothermal: how many bores? .....<br/>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br/>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br/>13. <input type="checkbox"/> Other (specify): ..... </div> </div> |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: .....  |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| Water well disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... CASING JOINTS: <input type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Threaded<br>Casing diameter <b>2</b> in. to <b>20</b> ft., Diameter <b>N/A</b> in. to <b>N/A</b> ft., Diameter <b>N/A</b> in. to <b>N/A</b> ft.<br>Casing height above land surface <b>30</b> in. Weight <b>N/A</b> lbs./ft. Wall thickness or gauge No. <b>Sch 40</b>  |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole) <input type="checkbox"/> Other (Specify) .....  |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:<br><input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)   |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| SCREEN-PERFORATED INTERVALS: From <b>20</b> ft. to <b>30</b> ft., From <b>N/A</b> ft. to <b>N/A</b> ft., From <b>N/A</b> ft. to <b>N/A</b> ft.<br>GRAVEL PACK INTERVALS: From <b>18</b> ft. to <b>30</b> ft., From <b>N/A</b> ft. to <b>N/A</b> ft., From <b>N/A</b> ft. to <b>N/A</b> ft.   |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other <b>Concrete 0 to 2 feet</b><br>Grout Intervals: From <b>2</b> ft. to <b>18</b> ft., From <b>N/A</b> ft. to <b>N/A</b> ft., From <b>N/A</b> ft. to <b>N/A</b> ft.  |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| Nearest source of possible contamination:<br><input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well<br><input type="checkbox"/> Other (Specify) .....  |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| Direction from well? <b>West</b> Distance from well? <b>~1/2-mile to Refinery</b> ft.  |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>10 FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>10</td> <td>CLAY black moist med stiff med plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>15</td> <td>CLAY brown dry stiff hard no plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>24</td> <td>CLAY very dark grayish brown moist slight plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>24</td> <td>30</td> <td>CLAY dark grayish brown moist medium plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>30</td> <td>Bottom of Boring</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3"></td> <td colspan="3" style="height: 40px; vertical-align: top;">Notes:</td> </tr> </tbody> </table>  |    |  |                             |                                  |  | 10 FROM | TO | LITHOLOGIC LOG | FROM | TO  | LITHO. LOG (cont.) or PLUGGING INTERVALS | 0   | 10 | CLAY black moist med stiff med plasticity |  |  |  | 10 | 15 | CLAY brown dry stiff hard no plasticity |  |  |  | 15 | 24 | CLAY very dark grayish brown moist slight plasticity |  |  |  | 24 | 30 | CLAY dark grayish brown moist medium plasticity |  |  |  |  | 30 | Bottom of Boring |  |  |  |  |  |  | Notes: |  |  |
| 10 FROM  | TO | LITHOLOGIC LOG   | FROM                        | TO                               | LITHO. LOG (cont.) or PLUGGING INTERVALS |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| 0  | 10 | CLAY black moist med stiff med plasticity  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| 10   | 15 | CLAY brown dry stiff hard no plasticity  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| 15   | 24 | CLAY very dark grayish brown moist slight plasticity   |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| 24   | 30 | CLAY dark grayish brown moist medium plasticity  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
|  | 30 | Bottom of Boring   |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
|  |    |  | Notes:                      |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> 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) <b>1-26-2016</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>759</b> This Water Well Record was completed on (mo-day-year) <b>3-6-2016</b><br>under the business name of <b>RAZEK Environmental, LLC</b> Signature: <i>[Signature]</i>   |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |
| Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,<br>1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.<br>Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 7/10/2015   |    |  |                             |                                  |  |         |    |                |      |   |  |   |    |   |  |  |  |    |    |   |  |  |  |    |    |  |  |  |  |    |    |   |  |  |  |  |    |                  |  |  |  |  |  |  |        |  |  |