

|                      |                           |                         |
|----------------------|---------------------------|-------------------------|
| Section Number<br>26 | Township Number<br>T 32 S | Range Number<br>R 22 EW |
|----------------------|---------------------------|-------------------------|

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

2 WATER WELL OWNER: Chemex  
RR#, St. Address, Box # : 16 South Pennsylvania  
City, State, ZIP Code : Oklahoma City, OK 73107

|   |    |    |    |    |   |
|---|----|----|----|----|---|
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><br><div style="text-align: center;">             N<br/> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px; text-align: center;">NW</td> <td style="width: 50px; height: 50px; text-align: center;">NE</td> </tr> <tr> <td style="width: 50px; height: 50px; text-align: center;">SW</td> <td style="width: 50px; height: 50px; text-align: center;">SE</td> </tr> </table>             S           </div> | NW | NE | SW | SE | <b>4 DEPTH OF COMPLETED WELL</b> ..... ft.<br><br>Depth(s) Groundwater Encountered (1) <u>Dry</u> ..... ft. (2) ..... ft. (3) ..... ft.<br>WELL'S STATIC WATER LEVEL <u>12.62</u> ft. below land surface measured on mo/day/yr. <u>10-9-07</u><br>Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm<br>Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm<br>WELL WATER TO BE USED AS: 5 Public water supply      8 Air conditioning      11 Injection well<br>1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation      4 Industrial      7 Domestic (lawn & garden) <u>10</u> Monitoring well ..... |
| NW  | NE |    |    |    |   |
| SW  | SE |    |    |    |   |

Was a chemical/bacteriological sample submitted to Department? Yes ..... No X ..... If yes, mo/day/yr  
 Sample was submitted ..... Water well disinfected? Yes ..... No X .....

**5 TYPE OF CASING USED:** 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....  
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....  
② PVC 4 ABS 7 Fiberglass ..... Threaded.....  
Blank casing diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
Casing height above land surface..... in., Weight ..... lbs./ft. Wall thickness or gauge No. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

|         |                    |                 |           |                    |                          |
|---------|--------------------|-----------------|-----------|--------------------|--------------------------|
| 1 Steel | 3 Stainless Steel  | 5 Fiberglass    | 7 PVC     | 9 ABS              | 11 Other (Specify) ..... |
| 2 Brass | 4 Galvanized Steel | 6 Concrete tile | 8 RM (SR) | 10 Asbestos-Cement | 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

|                    |               |                  |             |                          |                     |
|--------------------|---------------|------------------|-------------|--------------------------|---------------------|
| 1 Continuous slot  | 3 Mill slot   | 5 Gauzed wrapped | 7 Torch cut | 9 Drilled holes          | 11 None (open hole) |
| 2 Louvered shutter | 4 Key punched | 6 Wire wrapped   | 8 Saw Cut   | 10 Other (specify) ..... |                     |

SCREEN-PERFORATED INTERVALS: From 15 ft. to 13 ft., From — ft. to — ft.  
From — ft. to — ft., From — ft. to — ft.

GRAVEL PACK INTERVALS: From 15 ft. to 11 ft., From — ft. to — ft.  
From — ft. to — ft., From — ft. to — ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other concrete  
Grout Intervals: From ..... ft. to ..... ft., From 3 ft. to 0 ft., From ..... ft. to ..... ft.  
What is the nearest source of possible contamination:

|                            |                 |                 |                       |                         |                   |
|----------------------------|-----------------|-----------------|-----------------------|-------------------------|-------------------|
| 1 Septic tank              | 4 Lateral lines | 7 Pit privy     | 10 Livestock pens     | 13 Insecticide Storage  | 16 Other (specify |
| 2 Sewer lines              | 5 Cess pool     | 8 Sewage lagoon | 11 Fuel storage       | 14 Abandoned water well | below)            |
| 3 Watertight sewer lines   | 6 Seepage pit   | 9 Feedyard      | 12 Fertilizer Storage | 15 Oil well/gas well    | .....             |
| Direction from well? ..... |                 |                 | How many feet? .....  |                         |                   |

[illegible]

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was 1 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 11-1-07..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 710..... This Water Well Record was completed on (mo/day/year) 11-9-07..... under the business name of Below Ground Surface, Inc by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.