

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

MW-16

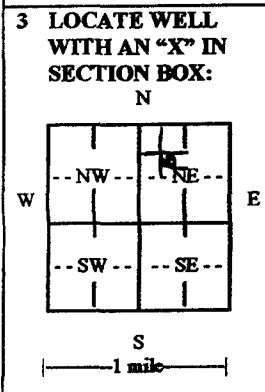
1 LOCATION OF WATER WELL: County: Leavenworth	Fraction NE ¼ NW ¼ SE ¼ NW ¼	Section Number 26	Township No. T 8 S	Range Number R 22 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location, if unknown, distance & direction from nearest town or intersection: If at owner's address, check here
1107 N. 11th Street, Leavenworth, KS 66048

Global Positioning System (GPS) information:
Latitude: **39.3272**..... (in decimal degrees)
Longitude: **94.9307**..... (in decimal degrees)
Elevation:

2 WATER WELL OWNER: **BP Products North America**
RR#, Street Address, Box #: **28100 Torch Parkway**
City, State, ZIP Code : **Warrenville, IL 60555**

Collection Method:
 GPS unit (Make/Model: **Google Earth**)
 Digital Map/Photo, Topographic Map, Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF COMPLETED WELL 16.5'..... ft

Depth(s) Groundwater Encountered (1)..... ft (2)..... ft (3)..... ft

WELL'S STATIC WATER LEVEL **5.12'**..... ft below land surface measured on mo/day/yr. **5/18/15**.....

Pump test data: Well water was..... ft after..... hours pumping..... gpm

EST. YIELD..... gpm Well water was..... ft after..... hours pumping..... gpm

Bore Hole Diameter **8.25**..... in to **16.5'**..... ft, and..... in to..... ft

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well

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

If yes, mo/day/yr sample was submitted.....

Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other.....

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **2.0"**..... in to **1.50'**..... ft, Diameter..... in to..... ft, Diameter..... in to..... ft

Casing height above land surface..... Flush..... in, Weight..... lbs./ft., Wall thickness or gauge No. **Sch.40**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify).....
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify).....

SCREEN-PERFORATED INTERVALS: From **1.50'**..... ft to **16.5'**..... ft, From..... ft to..... ft
From..... ft to..... ft, From..... ft to..... ft

GRAVEL PACK INTERVALS: From **1.0'**..... ft to **16.5'**..... ft, From..... ft to..... ft
From..... ft to..... ft, From..... ft to..... ft

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.....

Grout Intervals: From **0**..... ft to **50'**..... ft, From **50'**..... ft to **1.0'**..... ft, From..... ft to..... ft

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well..... Distance from well.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
		See Boring Log			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **05/14/2015**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **606**..... This Water Well Record was completed on (mo/day/year) **06/15/2015**..... under the business name of **PSA Environmental Services**..... by (signature).....

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



LOG OF BORING NO:

MW-16

SHEET NUMBER

Water Level Data

Date	Time	Depth
5/18/2015	0954	5.12

Survey Data

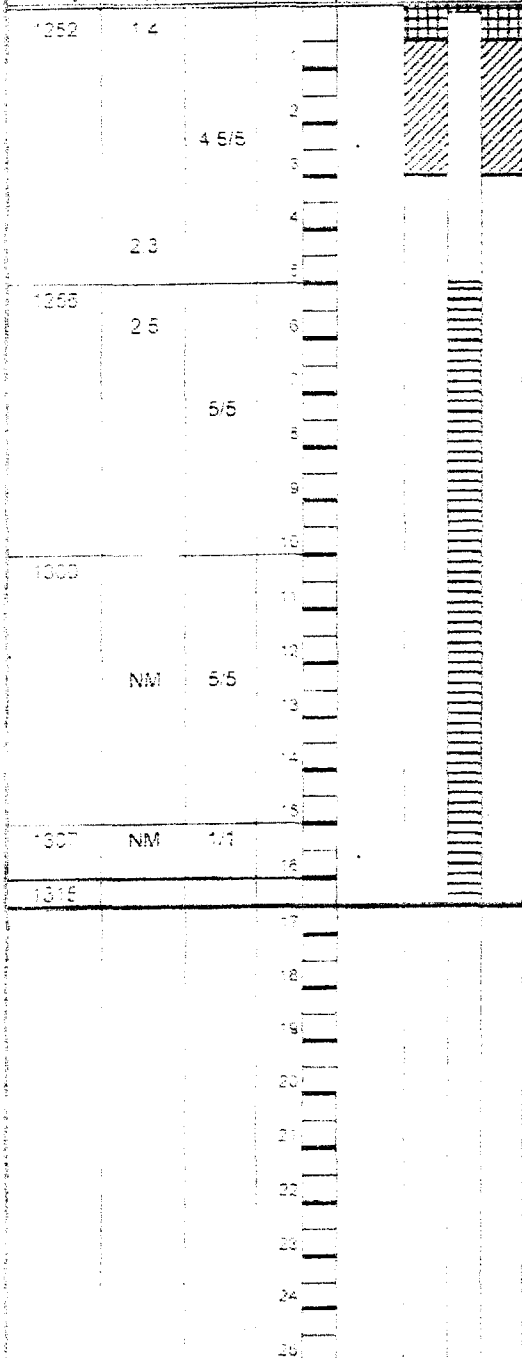
Ground Surface	864.28
Top Of Casing	865.90
Ground Water	858.84

NOTES

Client	Arcadis #5828
Address	1101 Metropolitan Leavenworth, Kansas
City	17102298
State	KS
Contractor	A Butler

Well No	02110	Well No Project Contract No	PSA Environmental
Drill No	02110	Drill No	HSA 8 25/4 25
Drill Method	closed piston	Drill Method	16.5
Drill Date	5/14/15	Drill Date	5/14/15
Completion Date	5/14/15		

GEOLOGIC DESCRIPTION
(NAME color particle size characteristics)



0-1.4	Grass Surface	4-1ft. no odor
1.4-4.5	CH dark brown to brown CLAY wet plastic soft	
4.5-6.5	CH brown CLAY moist plastic medium	4-5ft. no odor
6.5-10.5	CH mottled orange and grey CLAY wet plastic medium	5-6ft. no odor
10.5-16	CL light brown CLAY damp low plastic stiff	Saturated
16-26	Weathered SHALE	
	Sampler Refusal @ 16ft bgs	
	Auger Refusal @ 16.5ft bgs	

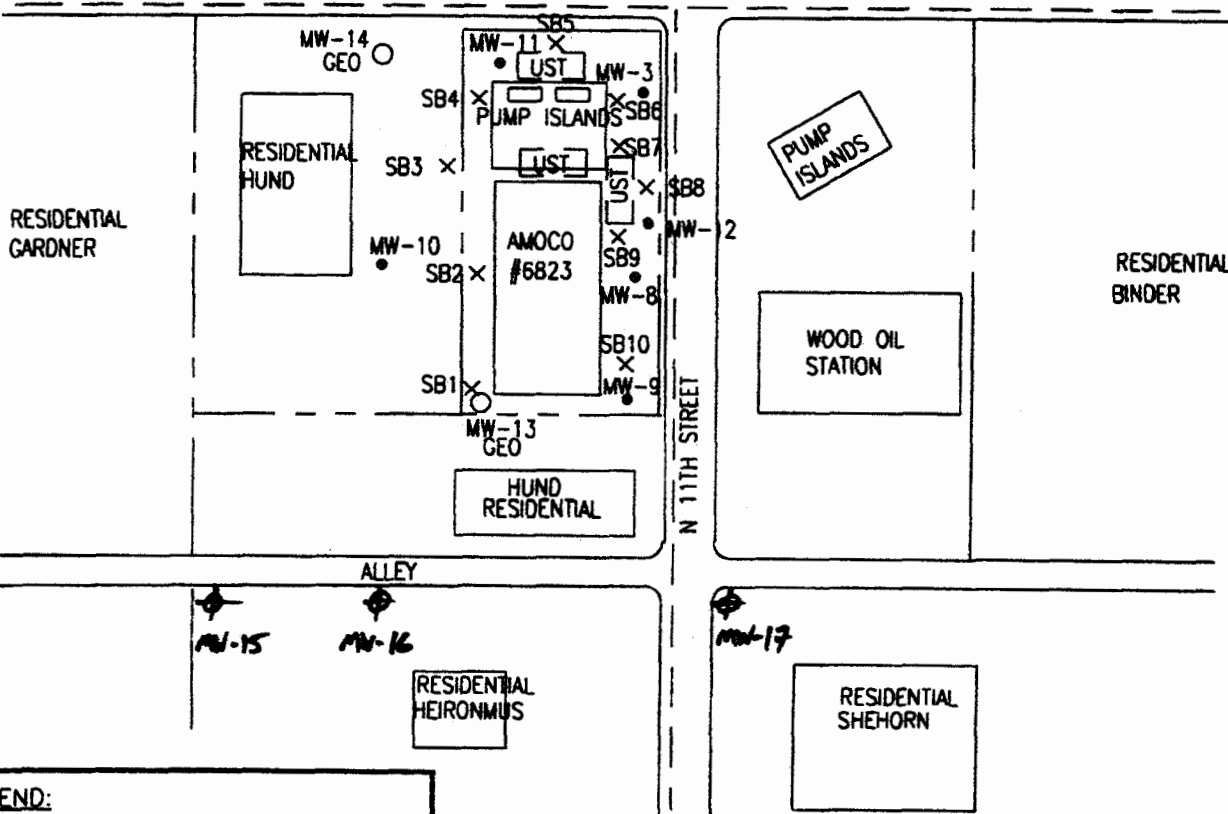
LEGEND:		
SS - Split Spoon	- Concrete	- Bentonite Chip Seal
P/D - Promionization Detector	- Flush Mount Vault	- Filter Pack
NR - No Recovery	- Grout	- Well Screen
		ST - Shelby Tube
		HSA - Hollow Stem Augers
		PPMv - Parts Per Million by Volume

USA US PENITENTARY

RESIDENTIAL

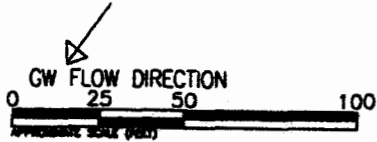
RESIDENTIAL

METROPOLITAN AVENUE



LEGEND:

- ⊙ EXISTING MONITORING WELL
- × PROPOSED SOIL BORING
- PROPOSED MONITORING WELL
- SUBSURFACE UTILITIES (2-4 FT BGS)



PROJ. # 17102294	PAGE #
SCALE: AS SHOWN	DRAWN BY: RAB
FILE NO. 2294-F2	DESIGNED BY:
DATE: 8/3/11	APPROVED BY:



FIGURE 2
SITE PLAN

AMOCO #6823
1101 METROPOLITAN AVE.
LEAVENWORTH, KANSAS