| WATER | WELI | L RECORD | Form W | WC-5 | Division of Water | er Resources App. No | o. L | |
|--|---|--------------------------------------|-----------------|--|---|----------------------------|------------------|--|
| 1 LOCA | TION C | OF WATER WELL: | Fraction | | Section Number | Township No. | Range Number | |
| | y: Ellis | | - 1/4 NE 1/4 SE | | 28 | T 13 S | R 18 □E ☑W | |
| | | Idress of Well Location; i | | Global Positioning System (GPS) information: | | | | |
| from n | earest to | wn or intersection: If at o | | Latitude: .38,89478 (in decimal degrees) | | | | |
| 3501 | 3501 N. Vine Street, Hays, Kansas Well ID: PVW-2/PAS-2S/PAS-2D | | | | Longitude: 99.31818 (in decimal degrees) Elevation: 2.046 | | | |
| 2 WATER WELL OWNER: Chevron | | | | | <u>Datum</u> : ✓ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | |
| Offiction | | | | | Collection Method: ☐ GPS unit (Make/Model: Garmin Geko 101) | | | |
| RR#, Street Address, Box #: 2700 NE Seward Ave. City, State, ZIP Code : Topeka, KS 66605 | | | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| City, | State, ZII | · Topeka, | KS 66605 | | | <3 m, [] 3-5 m, [] | | |
| 3 LOCATE WELL | | | | | | | | |
| WITH | WITH AN "X" IN 4 DEPTH OF COMPLETED WELL .35 ft. | | | | | | | |
| SECTI | | Depth(s) Groundwater Encountered (1) | | | | | | |
| | N WELL'S STATIC WATER LEVEL21ft. below land surface measured on mo/day/yr10/2009 | | | | | | | |
| | Pump test data: Well water was | | | | | | | |
| | | | | | | | | |
| w | | | | | | | | |
| | | | | | | | | |
| SW | SW SE | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | |
| | S If yes, mo/day/yr sample was submitted | | | | | | | |
| 1 mile Water well disinfected? ☐ Yes ☑ No | | | | | | | | |
| 5 TYPE OF CASING USED: Steel V PVC Other | | | | | | | | |
| CASING IOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter .2* in. to .6 ft., Diameter .1** in. to .25.5 ft., Diameter .1** in. to .30 ft. | | | | | | | | |
| Casing height above land surface. 0 | | | | | | | | |
| 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) | | | | | | | | |
| Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Saw cut Other (specify) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From6 | | | | | | | | |
| From30 ft. to32(1.") ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From . 5.5 ft. to . 20 ft., From . 24 ft. to . 27.75 ft. | | | | | | | | |
| From29.5 ft. to35 ft., From ft. to ft. | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Described Des | | | | | | | | |
| Grout Intervals: From .0 | | | | | | | | |
| 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 unkown Distance from well unkown | | | | | | | | |
| FROM | TO | LITHOLOG | IC LOG | FROM | | | IGGING INTERVALS | |
| | | concrete | | | NOTE: *= | 2" casing & **=1" | casing | |
| | | brown, silty clay w/ 0-5 | % sand | | | | | |
| | | brown, clayey sand | | | | | | |
| | | brown, silty clay ~5% sand | | | | | | |
| | | gray brown clayey sand | | | | | | |
| | | brown, silty clay w/ 10-15% sand | | | | | VI | |
| | | brown clayey sand with gravel | | | | | | |
| 34 | 35 | brown silty clay ~15-20 | % sand | | | | | |
| | | | 177.00 | | | | | |
| 7 CONT | 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) .09/22/09 and this record is true to the best of my knowledge and belief. | | | | | | | | |
| Kansas Water Well Contractor's License No616 This Water Well Record was completed on (mo/day/year). 3/24/10 | | | | | | | | |
| under the business name of Thiele Geotech, Inc. by (signature) | | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 | | | | | | | | |

KSA 82a-1212

Check: White Copy, Blue Copy, Pink Copy