

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Reno		SW ¼ SW ¼ SE ¼	16	T 23 S	R 05 W
Distance and direction from nearest town or city street address of well if located within city? 3300 E Avenue G					
2 WATER WELL OWNER:		Kaneb Pipeline Company			
RR#, St. Address, Box # :		7340 W 21st St. N. Ste 200			
City, State, ZIP Code :		Wichita, Kansas			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 15 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr			
		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 8.5 in. to 15 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Soil Vapor Extraction			
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 BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded Flush					
Blank casing diameter _____ 2 _____ in. to _____ 5 _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ 12 _____ in., weight _____ 0.703 _____ lbs./ft. Wall thickness or gauge No. Sch 40					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) _____					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____ 7 Torch cut					
SCREEN-PERFORATED INTERVALS: From _____ 5 _____ ft. to _____ 15 _____ ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ 4 _____ ft. to _____ 15 _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals From _____ 1 _____ ft. to _____ 4 _____ ft. From _____ ft. to _____ 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 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	6		Silt/Clayey Silt		
6	15		Sand		
RECEIVED NOV 29 2004 BUREAU OF WATER					
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/yr) 10-7-04 and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11-19-04					
under the business name of Geotechnical Services, Inc. by (signature) _____					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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