

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

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|--|-----------|---|-------------------------|----------------|----|--------------------|--|---------------|--|
| 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 | | | | | | | |
| | | Board of Agriculture, Division of Water Resources Application Number: | | | | | | | |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 20 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 20 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 Air Sparge Well | | | | | | | |
| | | 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 18 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 7 PVC 10 Asbestos-cement | | | | | | | | | |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ | | | | | | | | | |
| 3 Mill slot 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 | | | | | | | | | |
| 7 Torch cut 10 Other (specify) _____ | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 18 ft. to 20 ft. From _____ ft. to _____ ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 17 ft. to 20 ft. From _____ ft. to _____ ft. | | | | | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Bentonite Grout | | | | | | | | | |
| Grout Intervals From 2 ft. to 16 ft. From 16 ft. to 17 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 | PLUGGING INTERVALS | | | |
| 0 | 6 | | Silt/Clayey Silt | | | | | | |
| 6 | 20 | | 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 Report 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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