

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Sedgwick Fraction: 1/4 SE 1/4 SW 1/4 SW 1/4		Section Number 30	Township No. T 29 S	Range Number R 2 E W																																																																		
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Approximately 3 miles east of Viola.		Global Positioning System (GPS) information: Latitude: 37.489936 (in decimal degrees) Longitude: -97.585035 (in decimal degrees) Elevation: unknown Datum: ☐ WGS 84, ☒ NAD 83, ☐ NAD 27 Collection Method: ☒ GPS unit (Make/Model: WAAS), ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ >15 m																																																																				
2 WATER WELL OWNER: Occidental Chemical Corporation RR#, Street Address, Box #: P.O. Box 2448 City, State, ZIP Code : Addison, TX 75001-2448																																																																						
3 LOCATE WELL WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 151 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL None ft. below land surface measured on mo/day/yr 6/13/11 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.75 in. to 154 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) Entry Well ☐ 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 5.5 in. to 150 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 12 in., Weight 15.5 lbs./ft., Wall thickness or gauge No. 275 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 _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ 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 154 ft., From _____ ft. to _____ 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) None Known ☐ 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 _____																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 40%;">LITHOLOGIC LOG</th> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>2</td> <td>Topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>5</td> <td>Shale, gray, hard</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>8</td> <td>Shale, red, hard</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8</td> <td>107</td> <td>Shale, gray, black, red, hard</td> <td></td> <td></td> <td></td> </tr> <tr> <td>107</td> <td>154</td> <td>Shale, gray, black, hard, with gypsum streaks, hard</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS	0	2	Topsoil				2	5	Shale, gray, hard				5	8	Shale, red, hard				8	107	Shale, gray, black, red, hard				107	154	Shale, gray, black, hard, with gypsum streaks, hard																																	
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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) 06/13/11 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 07/11/11 under the business name of Clarice Well & Equipment, Inc. by (signature) [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																																																																						