

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

Well ID

1 LOCATION OF WATER WELL: County: Barber	Fraction SE ¼ SW ¼ NW ¼ NW ¼	Section Number 36	Township Number T 34 S	Range Number R 13 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: ONEOK Business: ONEOK Address: 100 West Fifth Street Address: City: Tulsa State: OK ZIP: 74103	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> ONEOK Pipeline Release Site (RAM 6") 10.56 miles Southwest of Medicine Lodge, KS
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3 LOCATE WELL WITH "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL:15..... ft. Depth(s) Groundwater Encountered: 1)8..... ft. 2) ...N/A... ft. 3) ...N/A... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL:8.82..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 3-16-2017 <input type="checkbox"/> above land surface, measured on (mo-day-yr)..... Pump test data: Well water wasN/A..... ft. after...N/A... hours pumping N/A..... gpm Well water wasN/A..... ft. after...N/A... hours pumping N/A..... gpm Estimated Yield: ..N/A...gpm Bore Hole Diameter: ..8.25 in. to ..15 ft. and ..N/A in. to ..N/A ft.	5 Latitude:37.04718.....(decimal degrees) Longitude:-98.69234.....(decimal degrees) Horizontal Datum: <input type="checkbox"/> WGS 84 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model:) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: 6 Elevation: 1452.94.....ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input checked="" type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other
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7 WELL WATER TO BE USED AS:

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID 6. <input type="checkbox"/> Dewatering: how many wells? 7. <input type="checkbox"/> Aquifer Recharge: well ID 8. <input checked="" type="checkbox"/> Monitoring: well ID MW-1 9. Environmental Remediation: well ID <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease 11. Test Hole: well ID <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify):
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Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:N/A.....
 Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter2..... in. to5..... ft., DiameterN/A..... in. toN/A..... ft., DiameterN/A..... in. toN/A..... ft.
 Casing height above land surface30..... in. WeightN/A..... lbs./ft. Wall thickness or gauge No. Sch.40.....
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify)
 Brass Galvanized Steel Concrete tile None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)
SCREEN-PERFORATED INTERVALS: From .5..... ft. to 15..... ft., From N/A..... ft. to N/A..... ft., From N/A..... ft. to N/A..... ft.
GRAVEL PACK INTERVALS: From ...3.5... ft. to ...15... ft., From ...N/A... ft. to ...N/A... ft., From ...N/A... ft. to ...N/A... ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other **Concrete 0 to 2 feet**.....
 Grout Intervals: From2..... ft. to3.5..... ft., FromN/A..... ft. toN/A..... ft., FromN/A..... ft. toN/A..... ft.
Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) **Pipeline**.....
 Direction from well? **NE**..... Distance from well? ..70..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	4	Silty Clay reddish brown med plasticity med consistency damp			
4	7	Clay some sand some silt reddish brown med plasticity soft damp			
7	15	Clay some silt/sand reddish brown very soft wet			
	15	Bottom of boring			
Notes:					

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 3-14-17..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 759..... This Water Well Record was completed on (mo-day-year) 4-23-17..... under the business name of **RAZEK Environmental, LLC**..... Signature *[Signature]*

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-3524.