

WATER WELL RECORD

Form WWC-5

Division of Water Resources: App. No. _____

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Cloud		NW ¼ NW ¼ NW ¼		14		T 8 S		R 3 W	
Distance and direction from nearest town or city street address of well if located within city? 1612 Deer Road, Delphos				Global Positioning System (decimal degrees, min. of 4 digits)					
				Latitude: _____					
				Longitude: _____					
				Elevation: 101.09					
2 WATER WELL OWNER: NuStar Pipeline Operating Partnership, L.P.				Datum: Arbitrary 100 ft benchmark					
RR#, St. Address, Box # : 2137 W Old Highway 40				Data Collection Method: _____					
City, State, ZIP Code : Salina, KS									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 20 ft.							
		R-2							
		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							
		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 Domestic (lawn & garden) 10 Monitoring 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 CASING USED:				5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____									
2 PVC 4 ABS 7 Fiberglass Threaded X									
Blank casing diameter 4 in. to 5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height below land surface flushmount ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From 5 ft. to 20 ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 3 ft. to 20 ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-1 ft									
Grout Intervals From 1 ft. to 3 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 13 Insecticide Storage 16 Other (specify below)									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well									
Direction from well? _____ How many feet? _____									
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG (continued)				
0	4	Clayey silt, grayish olive, very strong petroleum odor	15.2	17	Sand, very fine grained, gray, slightly clayey				
			17	20	Sand, very fine grained, clayey, free product (yellow) dripping from sampler				
4	8	Silty clay, olive brown, strong petroleum odor							
8	12	Silty clay, olive brown, strong petroleum odor, sheen on sample	20	24	Sand, very fine grained, clayey, grading into iron-stained mottled clay/weathered shale, petroleum odor				
12	14	Clay, olive/tan, mottled, stiff, very strong petroleum odor	24	26	Shale/clay, weathered, petroleum odor				
14	15	Clay, olive/tan, red staining (additive)							
15	15.2	Fine sand/gravel lense							
						Flushmount waiver from BOW			
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/year) 7/23/08 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 757 This Water Well Record was completed on (mo/day/year) 8/14/08									
under the business name of Larsen & Associates, Inc. by (signature) _____									
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell .									