### KOLAR Document ID: 1644968

## WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Source: \_ Distance

from well:

from well:

Site Name:

within 100 feet.

DWR Application No.:\_\_\_\_\_ KDHE / EPA Project Code: \_\_\_\_

Lease Name & Well #:

Source description:

Source description: Source: \_\_\_\_\_ Distance

Correction

Original Record

WELL ID\_\_\_\_\_ Change in Well Use

NEAREST SOURCE OF POTENTIAL CONTAMINATION

No potential source of contamination

KDHE UIC Class V Form Completed: Yes No

County Permit: Yes No Permit ID: \_\_\_\_

# of boreholes: \_\_\_\_\_ # of dewatering wells: \_

PERMIT & ID NUMBERS (AS REQUIRED)

Direction

from well:

Direction

from well:

#### LOCATION OF WATER WELL

| Latitude | Longitude | Section | Township | Range | E<br>W | Fraction | 1⁄4 | 1⁄4 | 1⁄4 |
|----------|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum    | Elevation | County  |          |       |        |          |     |     |     |

#### WATER WELL OWNER

| Name                  |  |  |  |  |
|-----------------------|--|--|--|--|
| Business              |  |  |  |  |
| Address               |  |  |  |  |
| Well location         |  |  |  |  |
| at owner's<br>address |  |  |  |  |
| CONCEPTION            |  |  |  |  |

#### CONSTRUCTION

| Borehole interval:  | Borehole diameter: |
|---|--------------------|
| fromtoft.   | in.                |
| fromtoft.   | in.                |
| Casing height above land su   |                    |
| If casing height is less the<br>has a variance been appr<br>*variance not required fo | roved?* Yes No     |
| or environmental remed  | U U                |
| Casing type:  |                    |
| Blank casing interval:  | ft. toft.          |
| Blank casing diameter:  | in.                |
| Casing joints:  |                    |
| Weight:lbs  | s/ft.              |
| Wall thickness or gauge   | no.:               |
| Blank casing interval:  | ft. toft.          |
| Blank casing diameter:  | in.                |
| Casing joints:  |                    |
| Weight:lbs  | s/ft.              |
| Wall thickness or gauge   | no.:               |
| Grout interval: ft. to  | ft.                |
| Grout material:   |                    |
| Grout interval: ft. to  | oft.               |
| Grout material:   |                    |
|   |                    |
| Screen / perforation material   | :                  |
| Screen / perforation opening  | gs:                |
| Screen / perforation intervals  | S:                 |
| Fromft. to  | _ft.               |
| Slot size unit _  |                    |
| Fromft. to  | _ft.               |
| Slot size unit _  |                    |
| Gravel pack intervals:  |                    |
| Gravel pack not used:   | Gravel size in     |
| From ft. to   | ft.                |
| Gravel pack not used:   |                    |
| From ft. to   |                    |

|       | County                    |          |            |      |       |
|-------|---------------------------|----------|------------|------|-------|
| WELL  | WATER US                  | SE       |            |      |       |
|       |                           |          |            |      |       |
| сом   | PLETION                   |          |            |      |       |
| Dept  | th of compl               | eted w   | ell:       |      | ft.   |
| Dep   | th(s) groun               | dwater   | encounter  | ed:  |       |
| (1)_  | ft.;                      | (2)      | ft.;       |      |       |
| (3) _ | ft.;                      | (4)      | dry well   |      |       |
| Stati | c water leve              | el in we | ell:       | _ft. |       |
|       | neasured be<br>on (mm/dd/ | 101114   | nd surface |      |       |
|       | neasured ab<br>on (mm/dd/ |          | nd surface |      |       |
| Estir | nated yield:              |          | gpm        |      |       |
| Wate  | er level was:             |          | ft. after  |      | hours |
|       |                           |          | pumping    |      | gpm   |
| Pum   | p installed?              | Ye       | es No      |      |       |
|       |                           |          |            |      |       |

Water well disinfected? Yes No

Date disinfected (mm/dd/yy):

## Aquifer, if known:

| FROM | то | LITHOLOGY INTERVALS |  |  |
|------|----|---------------------|--|--|
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |
|      |    |                     |  |  |

#### COMMENTS

#### CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was constructed       | reconstructed          | pursuant to the stated water well                   |
|---------------------------------------|------------------------|---|
| contractor's license and was complete | d on                   | I certify that this record is true to               |
| the best of my knowledge and belief.  | This water well reco   | ord was completed on                                |
| under the business name of            |                        | ,   |
| Kansas Water Well Contractor's Licen  | se No                  | _ under the authority of the designated             |
| person as defined in K.A.R. 28-30-2(j | ) and signed and ce    | ertified by the electronic signature of the         |
| designated person at its submittal:   |                        |   |
| Send one copy to WATER WELL OWNER a   | nd retain one for your | r records. Fee of \$5.00 for each constructed well. |
| KANSAS DEPART                         | MENT OF HEALTH A       | AND ENVIRONMENT                                     |

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

| Form  | WWC5.2 - Water Well Record |  |  |
|---|----------------------------|--|--|
| Doc ID  | 1644968                    |  |  |
| Well Owner  | Beverlin, LLC              |  |  |
| Contractor Premier Pump & Well Service, Inc. #238 |                            |  |  |

# Lithology

| From | То | Lithology Intervals |
|------|----|---------------------|
| 0    | 3  | topsoil             |
| 3    | 22 | clay,tan            |
| 22   | 26 | clay,silty,tan      |
| 26   | 33 | sand,fine           |
| 33   | 54 | sand,medium         |
| 54   | 62 | sand,coarse         |
| 62   | 71 | clay,silty,tan      |
| 71   | 80 | sand,fine to medium |