KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

| LOCATION OF WATER WE | LL | | | | | Origina | ıl Recor | d Correction | Chang | e in Wel | ll Use |
|---|--------------|---------------------|--|----------|-----------------|------------|------------|--|--------------|-------------|----------|
| Latitude | Longitude | | Section | | Township | | Range | E W Fraction | 1/4 | 1/4 | 1/4 |
| Datum | Elevation | | County | | | | | | | | |
| WATER WELL OWNER | | W | ELL WATER U | JSE | | | | NEAREST SOURCE OF PO | TENTIAL C | ONTAMIN | NATION |
| Name | | | | | | | | Source: | | | |
| Business | | cc | MPLETION | | | | | Distance from well: | | n | |
| | | | anth of comm | alatad v | wall. | | ft. | from well: | from wel | ll: | |
| Address | | | Depth of completed well:ft. Depth(s) groundwater encountered: | | | | | Source description: | | | |
| | | | | | | | | | | | |
| Well location | | | (1)ft.; (2)ft.; (3)ft.; (4) dry well | | | | | Source: | Direction | | |
| , | | | | | | | | from well: | from wel | | |
| at owner's | | | Static water level in well: ft. | | | | | Source | | | |
| address | | | measured below land surface on (mm/dd/yy): | | | | | description: | | | |
| CONSTRUCTION | | | measured a | above la | and surface | | | No potential source of within 100 feet. | of contami | nation | |
| Borehole interval: | Borehole dia | | on (mm/do | 1/yy): | | | | PERMIT & ID NUMBERS | (AS REQUI | RED) | |
| fromto ft. | | in. E | stimated yield | d: | gpm | | | | (4.0.1.2.0.1 | | |
| fromto ft. | _ | in V | Water level was:ft. afterhours | | | | | DWR Application No.: | | | |
| Casing height above land s | urface: | | pumping gpm | | | | | KDHE / EPA Project Code: | | | |
| If casing height is less than 12 in. | | | Pump installed? Yes No | | | | | Site Name: | | | |
| has a variance been approved?* Yes No | | | Water well disinfected? Yes No | | | | | KDHE UIC Class V Form Completed: Yes No | | | |
| *variance not required for monitoring or environmental remediation wells | | | Date disinfected (mm/dd/yy): | | | | | County Permit: Yes No Permit ID: Lease Name & Well #: | | | |
| Casing type: | | | Date districted (mm/dd/yy). | | | | | | | | |
| Blank casing interval: | ft. to | ft. A | quifer, if kno | wn: | | | | # of boreholes: # | of dewater | ring wells: | |
| Blank casing diameter: | in. | LIT | HOLOGIC L | OG | | | | | | | |
| Casing joints: | | <u> </u> | ROM T | 0 | LITHOLOGY I | NTERVA | LS | | | | |
| Weight:l | | | | | | | | | | | |
| Wall thickness or gauge | | | | | | | | | | | |
| Blank casing interval: | | ft. | | | | | | | | | |
| Blank casing diameter: | <u> </u> | | | | | | | | | | |
| Casing joints: | | | | | | | | | | | |
| Weight:lbs/ft. Wall thickness or gauge no.: | | | | | | | | | | | |
| wan thickness or gauge | e no.: | | | | | | | | | | |
| Grout interval: ft. | | | | | | | | | | | |
| Grout material: | | | | | | | | | | | |
| | toft. | cc | MMENTS | | | | | | | | |
| Grout material: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Screen / perforation materi | | | ALTD A CTC - | /C CD : | ANDONALES | · | CATION | | | | |
| Screen / perforation opening | | | | | LANDOWNERS | | | | | . 11 | |
| Screen / perforation interva | | | | | s constructed | | econstru | 1 | | | |
| Fromft. to | | | | | | - | | I certify that | | | |
| Slot size unit | | | | | - | | | well record was complete | | | |
| Slot size unit | | | | | | | | | | | |
| Gravel pack intervals: | | K | Cansas Wate | r Well | Contractor's | License 1 | No | under the auth | ority of th | e designa | ated |
| Gravel pack not used: | Gravel size | _{in} p | erson as de | fined i | n K.A.R. 28-3 | 30-2(j) ar | nd signe | d and certified by the ele | ctronic się | gnature o | of the |
| From ft. to | ft. | | esignated p | erson | at its submitta | al: | | | | | |
| Gravel pack not used: | Gravel size | in Se | nd one copy to | o WAT | ER WELL OW | NER and | retain one | e for your records. Fee of \$5.0 | 00 for each | constructe | ed well. |

KANSAS DEPARTMENT OF HEALTH 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 | 1719120 | |
| Well Owner | Devin Denton | |
| Contractor | Jonagan Water Well Service LLC | |

Lithology

| From | То | Lithology Intervals |
|------|-----|------------------------------------|
| 0 | 8 | topsoil |
| 8 | 70 | clay,sandy,brown |
| 70 | 80 | sand & gravel,fine to medium,loose |
| 80 | 86 | other,rock hard |
| 86 | 94 | sand & gravel,fine to medium,loose |
| 94 | 96 | other,rock hard |
| 96 | 100 | sand & gravel,fine to medium,loose |
| 100 | 153 | clay,sandy,brown |
| 153 | 160 | sand & gravel,fine to medium,loose |
| 160 | 166 | clay,brown |
| 166 | 172 | sand & gravel,fine to medium,loose |
| 172 | 175 | clay,brown |
| 175 | 181 | sand & gravel,fine to medium,loose |
| 181 | 193 | other,rock and clay |
| 193 | 232 | sand & gravel,fine to medium,loose |
| 232 | 235 | clay,yellowish |