### KOLAR Document ID: 1726034

### WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

Original Record

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

### LOCATION OF WATER WELL

Latitude	Longitude	Section	Township	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

### WATER WELL OWNER

Name				
Business				
Address				
Well location				
at owner's address				
CONSTRUCTION				

#### CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less the has a variance been appr *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 U	SE						
сом	PLETION							
Dept	th of compl	eted wel	l:		ft.			
	th(s) groun							
(1)_	ft.;	(2)	ft.;					
(3) _	ft.;	(4)	dry well					
Stati	Static water level in well: ft.							
measured below land surface on (mm/dd/yy):								
	measured above land surface on (mm/dd/yy):							
Estir	nated yield	:	gpm					
Wate	er level was	:	ft. after		hours			
			pumping		gpm			
Pum	p installed	? Yes	No					
Wate	er well disir	nfected?	Yes	No				

Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction from well:	
Source description:		
No potential source within 100 feet.	of contamination	
PERMIT & ID NUMBERS	(AS REQUIRED)	
DWR Application No.:_		
KDHE / EPA Project Co	ode:	
Site Name:		
KDHE UIC Class V For	m Completed: Yes	No
County Permit: Yes	No Permit ID:	

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

NEAREST SOURCE OF POTENTIAL CONTAMINATION

### Aquifer, if known:

Date disinfected (mm/dd/yy):

## LITHOLOGIC LOG

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	ed on	I certify that this record is true to
the best of my knowledge and belief.	This water well rec	ord was completed on
under the business name of		,
Kansas Water Well Contractor's Lice	nse No	_ under the authority of the designated
person as defined in K.A.R. 28-30-2(	j) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well.
KANSAS DEPAR	TMENT 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 1726034		
Well Owner Mid-Continent Fractionation and Storage LLC		
Contractor	Rosencrantz-Bemis Ent., Inc.	

# Lithology

From	То	Lithology Intervals
0	3	topsoil
3	25	clay,tan
25	30	shale,unweathered,red
30	35	shale,unweathered,green
35	120	shale,unweathered,Red/green
120	150	shale,unweathered,red
150	165	shale,unweathered,Red/gray shale w/ strks of gypsum
165	200	shale,unweathered,gray,w/ strks of gypsum