WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1730971 WELL ID

✓ Original Record ☐ Correction ☐ Change in Well Use

LOCATION OF WATER WELL

Latitude	37.01856	Longitude	-98.47795	Section	11	Township	35	Range	11 ☐E ✓W	Fraction	SE ¼ NE ¼ NE ¼
Datum	WGS84	Elevation	1338	County	Barber						

WATER WELL OWNER

Name	RL Simpson
Business	
Address	1212 Campbell Kiowa KS 67070
Well location ✓ at owner's address	

CONSTRUCTION

Borehole interval: from 0 to 70 ft.
from ____ to ____ ft.

Borehole diameter: 9 in.
____ in.

Casing height above land surface: 24 in.

If casing height is less than 12 in. has a variance been approved?* ☐ Yes ✓ No

*variance not required for monitoring or environmental remediation wells

Casing type: ThermalPlastic

Blank casing interval: 0 ft. to 20 ft.

Blank casing diameter: 5 in.

Casing joints: Glued

Weight: 160 lbs/ft.

Wall thickness or gauge no.: sdr-26

Blank casing interval: ____ ft. to ____ ft.

Blank casing diameter: ____ in.

Casing joints: ____

Weight: ____ lbs/ft.

Wall thickness or gauge no.: ____

Grout interval: 0 ft. to 20 ft.

Grout material: Bentonite

Grout interval: ____ ft. to ____ ft.

Grout material: ____

Screen / perforation material: PVC

Screen / perforation openings: Continuous slot (

Screen / perforation intervals:

From 20 ft. to 70 ft.

Slot size .02 unit inches

From ____ ft. to ____ ft.

Slot size ____ unit ____

Gravel pack intervals:

Gravel pack not used: ☐ Gravel size ____ in

From 20 ft. to 70 ft.

Gravel pack not used: ☐ Gravel size ____ in

From ____ ft. to ____ ft.

WELL WATER USE

Domestic Lawn/Garden

COMPLETION

Depth of completed well: 70 ft.

Depth(s) groundwater encountered:

(1) ____ ft.; (2) ____ ft.;

(3) ____ ft.; (4) ☐ dry well

Static water level in well: 16 ft.

✓ measured below land surface on (mm/dd/yy): 09/26/2023

☐ measured above land surface on (mm/dd/yy): ____

Estimated yield: 5.5 gpm

Water level was: ____ ft. after ____ hours pumping ____ gpm

Pump installed? ☐ Yes ✓ No

Water well disinfected? ✓ Yes ☐ No

Date disinfected (mm/dd/yy): 09/26/2023

Aquifer, if known:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: ____

Distance from well: ____ Direction from well: ____

Source description: ____

Source: ____

Distance from well: ____ Direction from well: ____

Source description: ____

✓ No potential source of contamination within 100 feet.

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: ____

KDHE / EPA Project Code: ____

Site Name: ____

KDHE UIC Class V Form Completed: ☐ Yes ☐ No

County Permit: ☐ Yes ✓ No Permit ID: ____

Lease Name & Well #: ____

# of boreholes: ____ # of dewatering wells: ____

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS
0	3	topsoil
3	70	clay,red

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed ✓ reconstructed ☐ pursuant to the stated water well contractor's license and was completed on 09/26/2023. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on ____ under the business name of H20 Drilling, Kansas Water Well Contractor's License No. 860 under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: Mitchell Hall.

Send one copy to WATER WELL OWNER and retain one for your records. Fee of $5.00 for each constructed well.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

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