_ WELL ID_

KOLAR DOC ID

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

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER WEI	LL				Original Reco	rd Correction	Change	in Wel	II Use	
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1/4	
Datum	Elevation		County			VV				
WATER WELL OWNER		WE	LL WATER US	 SE		NEAREST SOURCE OF PO	OTENTIAL CO	NTAMIN	NATION	
Name						Source:				
Business		COI	MPLETION			Distance	Direction			
Dustriess			Depth of completed well:ft.			from well:	from well:			
Address			Depth(s) groundwater encountered:			Source description:				
			(1) ft.; (2) ft.;			Source:				
Well location			(3) ft.; (4) dry well				- ·			
			Static water level in well: ft.			from well:	from well:			
at owner's address			measured below land surface			Source description:				
CONSTRUCTION			on (mm/dd/yy):			No potential source of contamination				
Borehole interval:			measured above land surface on (mm/dd/yy):			within 100 feet.				
fromto ft.				Estimated yield: gpm			PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoftin.			Water level was: ft. afterhours			DWR Application No.:				
Casing height above land surface: in.			pumping gpm			KDHE / EPA Project Code:				
If casing height is less th			mp installed?	Yes No		Site Name:				
has a variance been approved?* Yes No			_			KDHE UIC Class V For	rm Completed	d: Yes	No	
*variance not required for monitoring			Water well disinfected? Yes No			County Permit: Yes No Permit ID:				
or environmental remediation wells Casing type:			Date disinfected (mm/dd/yy):			Lease Name & Well #: _				
Blank casing interval:	ft. to	ft. Ac	Aquifer, if known:			# of boreholes:	# of dewatering	ng wells:		
Blank casing diameter:	<u>in.</u>	LITI	HOLOGIC LO	G						
Casing joints:		FF	ком то	LITHOLOGY II	NTERVALS					
Weight:lb	os/ft.									
Wall thickness or gauge										
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:lb										
Wall thickness or gauge										
Grout interval: ft. t										
Grout material:										
Grout interval: ft. t		COI	MMENTS							
Grout material:										
Screen / perforation materia	ıl:									
Screen / perforation opening		COI	NTRACTOR'S	OR LANDOWNERS	CERTIFICATION					
Screen / perforation interval			is water wel	ll was constructed	d reconstru	icted pursuant to t	he stated wa	ter well		
Fromft. to	_ft.		contractor's license and was completed on . I certify that this record is true to							
Slot size unit						<u> </u>				
From ft. to	the best of my knowledge and benefit. This water wen record was completed on							_		
Slot size unit	Slot size unit Kansas Water Well Contractor's License No under the authority of the designat							, ated		
Gravel pack intervals: person as defined in K A R 28-30-2(i) and signed and certified by the electronic signat										
Gravei pack not used: Gravei sizein							1 1110			
From ft. to										
Gravel pack not used:	Gravel size _	in	in KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT							

Form	WWC5.2 - Water Well Record		
Doc ID	1732878		
Well Owner	NST Investments		
Contractor	Weninger Drilling, LLC		

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	11	clay,silty,brown
11	31	clay,white
31	33	sand,fine
33	35	sandstone,moderately weathered
35	42	shale,moderately weathered,green
42	70	shale,moderately weathered,gray
70	74	void,broken
74	80	shale,moderately weathered,gray,limestone