## **WATER WELL RECORD** (WWC-5)

Datum   Blevation   County	า Well U
Datum   Elevation   County	1/4
WELL WATER USE	/1
Source:   Distance from well:   Source:   Distance from well	
COMPLETION  Depth of completed well:	IAMINAII
Depth of completed well:ft. Depth(s) groundwater encountered:	
Depth(s) groundwater encountered:  (1)ft.; (2)ft.;  (3)ft.; (4) dry well  Static water level in well:ft.  measured below land surface on (mm/dd/yy):  measured above land surface on (mm/dd/yy):  measured above land surface on (mm/dd/yy):  measured above land surface on (mm/dd/yy):  Estimated yield:gpm  Water level was:ft. afterhours  pumpinggpm  DWR Application No.:  KDHE / EPA Project Code:Site Name:  KDHE / EPA Project Code:Site Name:  KDHE / Class V Form Completed:  County Permit: Yes No Permit IT  Lease Name & Well #:  Aquifer, if known:  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS	
Depth(s) groundwater encountered:  (1)ft.; (2)ft.;  (3)ft.; (4) dry well  Static water level in well:ft.	
Static water level in well:ft.	
Static water level in well:ft.  measured below land surface on (mm/dd/yy):	
Static water level in well:ft.  measured below land surface on (mm/dd/yy):  measured above land surface on (mm/dd/yy):  Estimated yield:gpm  Water level was:ft. afterhours  pumpinggpm  Pump installed? Yes No  *variance not required for monitoring or environmental remediation wells  Casing type:Blank casing diameter:in.  Casing joints:tft. afterhours  Date disinfected? Yes No  Water well disinfected? Yes No  Date disinfected (mm/dd/yy):  Aquifer, if known:  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS	
measured below land surface on (mm/dd/yy):  measured above land surface on (mm/dd/yy):  Estimated yield:gpm  Water level was:ft. afterhours  pumpinggpm  Pump installed? Yes No  *variance not required for monitoring or environmental remediation wells  Casing type: Blank casing diameter:in.  Casing joints: Weight:lbs/ft.  measured below land surface on (mm/dd/yy):  measured above land surface on (mm/dd/yy):  pump installed? Yes No  Water well disinfected? Yes No  Date disinfected (mm/dd/yy):  Aquifer, if known:# of boreholes:# of dewatering  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS	
measured above land surface on (mm/dd/yy):  Estimated yield:gpm  Water level was:ft. afterhours     pumpinggpm  DWR Application No.:  KDHE / EPA Project Code:Site Name:  KDHE UIC Class V Form Completed:  Water well disinfected (mm/dd/yy):  Date disinfected (mm/dd/yy):  Aquifer, if known:  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS	
Borehole interval:  Borehole diameter:  fromtoft.	ion
Fromtoftin.  Fromtoftin.  Casing height above land surface: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:	
from	D)
Casing height above land surface: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: Blank casing interval:in.  Casing joints:in.  Casing joints:in.  Pump installed? Yes No  Pump installed? Yes No  Date disinfected? Yes No  Date disinfected (mm/dd/yy):  Aquifer, if known:  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS  KDHE / EPA Project Code:  Site Name: KDHE UIC Class V Form Completed: County Permit: Yes No Permit ID  Lease Name & Well #:  # of boreholes: # of dewatering  LITHOLOGIC LOG	
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: Blank casing diameter: in.  Casing joints:	
has a variance been approved?* Yes No  *variance not required for monitoring or environmental remediation wells  Casing type: Blank casing diameter:in.  Casing joints: Weight:lbs/ft.  Casing libs/ft.  Water well disinfected? Yes No Date disinfected (mm/dd/yy):  Aquifer, if known:  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS  KDHE UIC Class V Form Completed:  County Permit: Yes No Permit III  Lease Name & Well #: # of boreholes: # of dewatering  LITHOLOGIC LOG	
*variance not required for monitoring or environmental remediation wells  Casing type:	
or environmental remediation wells  Casing type:  Blank casing diameter:  Casing joints:  Weight:  Date disinfected (mm/dd/yy):  Lease Name & Well #:  # of boreholes:  # of dewatering  Lease Name & Well #:  # of boreholes:  # of dewatering  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS	
Casing type: Blank casing interval: ft. to ft. Casing joints: Weight: lbs/ft.  Aquifer, if known:  Aquifer, if known:  LITHOLOGIC LOG  FROM TO LITHOLOGY INTERVALS  # of boreholes: # of dewatering  # of boreholes: # of dewatering	
Blank casing diameter:in. LITHOLOGIC LOG  Casing joints:lbs/ft. FROM TO LITHOLOGY INTERVALS	
Casing joints:         FROM         TO         LITHOLOGY INTERVALS           Weight:        lbs/ft.	
Weight:lbs/ft.	
Wall thickness or gauge no.: Blank casing interval: ft. to ft.	
Blank casing diameter: in.	
Casing joints:	
Weight: lbs/ft.	
Wall thickness or gauge no.:	
Grout interval:ft. toft.	
Grout material: ft. to ft.	
Grout material:  Grout material:  COMMENTS	
Grout material:	
Screen / perforation material:	
Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION	
Screen / perforation intervals:  This water well was constructed reconstructed pursuant to the stated water	r well
Fromft. toft. contractor's license and was completed on I certify that this record is	
Classical and the complete of the control of the co	
From the to the first of my knowledge and benefit. This water well record was completed on	
Slot circa unit under the business name of	
Gravel pack intervals:  Kansas Water Well Contractor's License No under the authority of the do	_
Gravel pack not used: Gravel size in person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signal	ture of th
From ft. to ft. designated person at its submittal:	
Gravel pack not used: Gravel size in Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each con	structed v
Fromft. toft.   KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-13	67

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	1770367
Well Owner	Price Flying U Ltd
Contractor	Clarke Well & Equipment, Inc.

## Lithology

From	То	Lithology Intervals
0	3	topsoil
3	10	clay,gray
10	30	clay,yellowish,tan
30	246	clay,gray,shale streaks
246	256	sandstone,unweathered,gray clay streaks
256	262	clay,gray,sandstone streaks
262	278	clay,gray
278	280	sandstone,unweathered
280	322	sandstone,unweathered,gray clay
322	328	sandstone,unweathered
328	340	clay,gray
340	348	sandstone,unweathered,gray clay
348	363	sandstone,unweathered
363	380	clay,reddish,gray