KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

OCATION OF WATER W	'ELL				1	Original Rec	ord Co	rrection	Chang	je in Wel	ll Use	
Latitude	Longitude		Se	ection	Township	Range	e E		1/4	1/4	1/4	
Datum	Elevation		C	ounty			**					
WATER WELL OWNER			WELL W	ATER USE			NEAREST	SOURCE OF	POTENTIAL O	ONTAMIN	IATION	
Name							Source:					
Business			COMPLETION				Source: Distance Direction from well: from well:					
240111000					1 11	G	from well	:	from we	·ll:		
Address			_		ed well: vater encountered:	ft.	Source description	on:				
			(1)	ft.; (2) ft.;		Source:					
Well location			(3) ft.; (4) dry well				Distance	Distance Direction from well: from well:				
at owner's			Static w	ater level i	n well: ft		Source	:	from we	:11:		
at owner's address			measured below land surface on (mm/dd/yy):				description	on:				
CONSTRUCTION			meas	sured abov	ve land surface				ce of contami	ination		
Borehole interval: Borehole diameter:			on (mm/dd/yy):					within 100 feet.				
$from ___to ___ft.$	omto ftin.			Estimated yield: gpm				PERMIT & ID NUMBERS (AS REQUIRED)				
fromto ft.	in.	Water le	evel was: _	ft. after	hours	DWR Ap	DWR Application No.:					
Casing height above land	surface:	in.			pumping	gpm	KDHE /	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			717					KDHE UIC Class V Form Completed: Yes No				
*variance not required for monitoring or environmental remediation wells			Water well disinfected? Yes No Date disinfected (mm/dd/yy):				County Permit: Yes No Permit ID: Lease Name & Well #:					
Casing type:	inculation wens		Date dis	infected (mm/dd/yy):]					
Blank casing interval:	ft. to	ft.	Aquifer,	if known:			# of borel	noles:	# of dewate	ring wells:		
Blank casing diameter:	in.		LITHOLO	GIC LOG								
Casing joints:			FROM	то	LITHOLOGY IN	NTERVALS						
Weight:	lbs/ft.											
Wall thickness or gau	-											
Blank casing interval:	ft. to	ft.										
Blank casing diameter:	in.											
Casing joints:												
Weight:	_											
Wall thickness or gau	ge no.:											
Grout interval: ft	t. toft.											
Grout material:												
Grout interval: ft	t. toft.		COMME	NTC	1							
Grout material:			COIVITALE	11 J								
Screen / perforation mater												
Screen / perforation mater			CONTRA	CTOP'S C	OR LANDOWNERS	CERTIEICATIO)NI					
Screen / perforation open					was constructed			nurouant t-	the stated v	vator v.zall		
Fromft. to								•				
Slot size un					nse and was com	_		-			ιο	
From ft. to				-	nowledge and be			=				
Slot size un					ess name of						,	
Gravel pack intervals:		Kansas Water Well Contractor's License No under the authority of the designated										
Gravel pack not used:	Gravel size	in	person	as define	ed in K.A.R. 28-3	0-2(j) and sign	ned and certi	fied by the e	electronic si	gnature o	f the	
From ft. to		designated person at its submittal:										
Gravel pack not used:			Send one	copy to W	ATER WELL OWN	NER and retain o	one for your rec	ords. Fee of S	\$5.00 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	1778183
Well Owner	Bruce Penner
Contractor	NuMac LLC

Lithology

From	То	Lithology Intervals
0	2	topsoil
2	6	clay
6	13	shale,unknown
13	33	limestone,unknown
33	66	shale,unknown
66	88	limestone,broken
88	120	shale,unknown