WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1769693 WELL ID

✓ Original Record ☐ Correction ☐ Change in Well Use

LOCATION OF WATER WELL

Latitude	38.850529	Longitude	-99.254701	Section	7	Township	14	Range	17 ☐E ✓W	Fraction	SE ¼ SE ¼ NW ¼
Datum	WGS84	Elevation	1997	County	Ellis						

WATER WELL OWNER

Name	
Business	Excalibur Well Service
Address	1942 Louie Rd Hays KS 67601
Well location ✓ at owner's address	

CONSTRUCTION

Borehole interval: from 0 to 54 ft.; from ____ to ____ ft.

Borehole diameter: 10 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 34 ft.

Blank casing diameter: 5 in.

Casing joints: Glued

Weight: ____ lbs/ft.

Wall thickness or gauge no.: .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: Saw cut

Screen / perforation intervals:

From 34 ft. to 54 ft.

Slot size ____ unit ____

From ____ ft. to ____ ft.

Slot size ____ unit ____

Gravel pack intervals:

Gravel pack not used: ☐ Gravel size ____ in

From 20 ft. to 54 ft.

Gravel pack not used: ☐ Gravel size ____ in

From ____ ft. to ____ ft.

WELL WATER USE

Domestic Lawn/Garden

COMPLETION

Depth of completed well: 54 ft.

Depth(s) groundwater encountered:

(1) 25 ft.; (2) ____ ft.;

(3) ____ ft.; (4) ☐ dry well

Static water level in well: 25 ft.

✓ measured below land surface on (mm/dd/yy): 03/07/2024

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

Estimated yield: 30 gpm

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

Pump installed? ✓ Yes ☐ No

Water well disinfected? ✓ Yes ☐ No

Date disinfected (mm/dd/yy): 03/07/2024

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: n/a

Lease Name & Well #: ____

# of boreholes: ____ # of dewatering wells: ____

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS
0	3	topsoil
3	12	clay,brown
12	20	clay,brown,rock
20	24	clay,dark,gray
24	46	sand,fine to medium
46	54	shale,slightly weathered

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 03/21/2024. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on 06/19/2024 under the business name of Karst Water Well Drilling and Service, Inc., Kansas Water Well Contractor's License No. 199 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: Melvin Karst.

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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