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 V                                                                                                                                         | WELL                                        |                                |                                                                             |           |         | •                | Origina   | l Recor                                            | d Correction                        | Chang         | e in Wel     | ll Use   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|-----------|---------|------------------|-----------|----------------------------------------------------|-------------------------------------|---------------|--------------|----------|
| Latitude                                                                                                                                                    | Longitude                                   |                                | S                                                                           | ection    |         | Township         |           | Range                                              | E<br>W Fraction                     | 1/4           | 1/4          | 1/4      |
| Datum                                                                                                                                                       | Elevation                                   |                                | C                                                                           | ounty     |         |                  |           |                                                    | VV                                  |               |              |          |
| WATER WELL OWNER                                                                                                                                            |                                             | <u> </u>                       |                                                                             | ATER US   | E       |                  |           |                                                    | NEAREST SOURCE OF F                 | POTENTIAL C   | ONTAMIN      | IATION   |
| Name                                                                                                                                                        |                                             |                                |                                                                             |           |         |                  |           |                                                    | Source:                             |               |              |          |
| Business                                                                                                                                                    |                                             |                                | COMPLI                                                                      | TION      |         |                  |           |                                                    |                                     |               |              |          |
| Dustriess                                                                                                                                                   |                                             |                                |                                                                             |           | . 1     | 11               |           |                                                    | from well:                          | _ from wel    | l:           |          |
| Address                                                                                                                                                     |                                             |                                | _                                                                           | -         |         | ell:encountered: |           | ft.                                                | Source description:                 |               |              |          |
|                                                                                                                                                             |                                             |                                | (1)                                                                         | ft.;      | (2)     | ft.;             |           |                                                    | Source:                             |               |              |          |
| Well location                                                                                                                                               |                                             |                                | (3) ft.; (4) dry well                                                       |           |         |                  |           |                                                    | Distance from well:                 |               | n<br>ll:     |          |
| at owner's address                                                                                                                                          |                                             |                                | Static water level in well: ft.  measured below land surface on (mm/dd/yy): |           |         |                  |           |                                                    | Source description:                 |               |              |          |
| CONSTRUCTION                                                                                                                                                |                                             |                                | mea                                                                         | sured ab  | ove lar | nd surface       |           |                                                    | No potential sourc within 100 feet. | e of contami  | nation       |          |
| Borehole interval:                                                                                                                                          | Borehole dia                                | meter:                         | on (                                                                        | mm/dd/y   | /y):    |                  |           |                                                    | PERMIT & ID NUMBER                  | S (AS REQUI   | RED)         |          |
| fromto ft                                                                                                                                                   |                                             | in.                            | Estimat                                                                     | ed yield: |         | gpm              |           |                                                    |                                     |               |              |          |
| fromto ft in.                                                                                                                                               |                                             |                                | Water l                                                                     | evel was: |         | ft. after        |           |                                                    | DWR Application No.:                |               |              |          |
| Casing height above lan                                                                                                                                     | d surface:                                  | in.                            |                                                                             |           |         | pumping          | gp1       | m                                                  | KDHE / EPA Project Code:            |               |              |          |
| If casing height is les<br>has a variance been                                                                                                              | s No                                        | Pump i                         | nstalled?                                                                   | Ye        | s No    |                  |           | Site Name: KDHE UIC Class V Form Completed: Yes No |                                     |               |              |          |
| *variance not requir                                                                                                                                        | 5 110                                       | Water well disinfected? Yes No |                                                                             |           |         |                  |           | County Permit: Yes No Permit ID:                   |                                     |               |              |          |
| or environmental remediation wells                                                                                                                          |                                             |                                | Date disinfected (mm/dd/yy):                                                |           |         |                  |           |                                                    | Lease Name & Well #:                |               |              |          |
| Casing type:                                                                                                                                                |                                             |                                | Aquifer, if known:                                                          |           |         |                  |           |                                                    | # of boreholes:                     |               |              |          |
| Blank casing interval:                                                                                                                                      |                                             |                                | -                                                                           |           |         |                  |           |                                                    |                                     |               |              |          |
| Blank casing diameter:                                                                                                                                      |                                             |                                |                                                                             | OGIC LO   |         |                  |           |                                                    |                                     |               |              |          |
| Casing joints:<br>Weight:                                                                                                                                   |                                             |                                | FROM                                                                        | то        |         | ITHOLOGY IN      | NIEKVAI   | LS                                                 |                                     |               |              |          |
| Wall thickness or ga                                                                                                                                        |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Blank casing interval:                                                                                                                                      |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Blank casing diameter:                                                                                                                                      |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Casing joints:                                                                                                                                              |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Weight:                                                                                                                                                     |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Wall thickness or ga                                                                                                                                        |                                             |                                |                                                                             |           | $\perp$ |                  |           |                                                    |                                     |               |              |          |
| Grout interval:                                                                                                                                             |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Grout material:                                                                                                                                             |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Grout interval:                                                                                                                                             |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Grout material:                                                                                                                                             |                                             | ) (                            | COMME                                                                       | NTS       |         |                  |           |                                                    |                                     |               |              |          |
| Cancar I monformation most                                                                                                                                  | out al.                                     |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Screen / perforation mat<br>Screen / perforation ope                                                                                                        |                                             |                                | CONTR                                                                       | ACTOP'S   | OD 1 4  | ANDOWNERS        | CEDTIE    | CATION                                             |                                     |               |              |          |
| Screen / perforation inte                                                                                                                                   |                                             |                                |                                                                             |           |         |                  |           |                                                    | atad nursuant to                    | the stated w  | ratan rurall |          |
| Fromft. to                                                                                                                                                  |                                             |                                |                                                                             |           |         | constructed      |           | econstru                                           | 1                                   |               |              |          |
| Slot size u                                                                                                                                                 |                                             |                                |                                                                             |           |         |                  | _         |                                                    | I certify the                       |               |              | to       |
| From ft. to                                                                                                                                                 |                                             |                                |                                                                             | -         |         | -                |           |                                                    | vell record was comple              |               |              | —        |
| Slot size u                                                                                                                                                 |                                             |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |
| Gravel pack intervals:                                                                                                                                      | · · · · · <u></u>                           |                                | Kansa                                                                       | Water     | Well (  | Contractor's l   | License l | No                                                 | under the aut                       | thority of th | e designa    | ated     |
| Gravel pack intervals.  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 signature of |                                             |                                |                                                                             |           |         |                  | f the     |                                                    |                                     |               |              |          |
| From ft. to _                                                                                                                                               |                                             |                                | design                                                                      | ated per  | son a   | t its submitta   | ıl:       |                                                    | ·                                   |               |              |          |
| Gravel pack not used                                                                                                                                        |                                             | in                             | Send one                                                                    | copy to   | WATE    | R WELL OWN       | NER and 1 | retain one                                         | for your records. Fee of \$         | 5.00 for each | constructe   | ed well. |
| Enom. G. t.                                                                                                                                                 | KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT |                                |                                                                             |           |         |                  |           |                                                    |                                     |               |              |          |

| Form       | WWC5.2 - Water Well Record             |  |  |
|------------|----------------------------------------|--|--|
| Doc ID     | 1784311                                |  |  |
| Well Owner | Brandon Schauf                         |  |  |
| Contractor | Premier Pump & Well Service, Inc. #238 |  |  |

## Lithology

| From | То  | Lithology Intervals                   |
|------|-----|---------------------------------------|
| 0    | 3   | topsoil                               |
| 3    | 14  | clay,tan                              |
| 14   | 16  | clay,light,tan                        |
| 16   | 19  | sand,fine                             |
| 19   | 30  | clay,white                            |
| 30   | 31  | clay,white,hard                       |
| 31   | 50  | clay,tan                              |
| 50   | 60  | clay,gravelly,tan                     |
| 60   | 95  | sand & gravel,fine,some small pebbles |
| 95   | 97  | clay,green                            |
| 97   | 102 | sand,fine                             |
| 102  | 109 | sand,fine to medium,80/20             |
| 109  | 110 | shale,unweathered,green,very hard     |