WELL ID

KOLAR DOC ID

WATER WELL RECORD (WWC-5)

| OCATION OF WATER WELL | L | | | | | Original Red | cord | l Coi | rrection | Chang | e in Wel | l Use |
|--|----------------|--------|--|-----------------------------------|--------------------|----------------|-------|--|----------------|----------------|------------|--------|
| Latitude | Longitude | | S | ection | Township | Rang | ge | E W | Fraction | 1/4 | 1/4 | 1/4 |
| Datum | Elevation | | | County | r | | 5- | W | | | | |
| VATER WELL OWNER | Lievation | | | ATER USE | : | | | NEADEST S | OURCE OF | POTENTIAL C | ONTAMIN | ΙΑΤΙΩΙ |
| | | | WELL VI | AI LIN OJL | • | | آ ر | | | | | IAIIO |
| Name | | | | | | | ┚╽ | Distance | | Direction | | |
| Business | | | COMPL | ETION | | | - I | from well: | | _ from we | ll: | |
| Address | | | Depth | of complet | ed well: | ft. | | Source | | | | |
| radicss | | | Depth(| Depth(s) groundwater encountered: | | | | descriptio | n: | | | |
| | | | (1) | (1) ft.; (2) ft.; | | | | Source: | | | | |
| Well location | | (3) | | (3) ft.; (4) dry well | | | | D' / | | Direction | n | |
| , , | | | Static v | vater level i | in well: fi | | 1 | | · | from we | ll: | |
| at owner's address | | | measured below land surface on (mm/dd/yy): | | | | | Source description: | | | | |
| CONSTRUCTION | | | | | ve land surface | | - } | | | e of contami | nation | |
| Borehole interval: | Borehole dia | meter: | on (mm/dd/yy): | | | | | within 100 feet. | | | | |
| fromto ft. | | in. | Estima | ted vield: | gpm | | ן ן | PERMIT & | ID NUMBER | RS (AS REQU | RED) | |
| fromtoft. | | in. | | | | hours | | DWR App | olication No. | .: | | |
| Casing height above land sur | | | Water level was:ft. afterhours pumping gpm | | | | | KDHE / EPA Project Code: | | | | |
| | | | Pump i | | | 8i | | | | | | |
| If casing height is less than 12 in. has a variance been approved?* Yes No | | | Pump installed? Yes No | | | | 4 | KDHE UIC Class V Form Completed: Yes N | | | | |
| *variance not required for monitoring | | | 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: | | | Aquifo | r, if known | | | 1 | | | # of dewater | | |
| Blank casing interval: | | ft. | _ | | | | | | | | | |
| Blank casing diameter: | | | | OGIC LOG | | | | | | | | |
| Casing joints: | | | FROM | ТО | LITHOLOGY II | NTERVALS | | | | | | |
| Weight:lbs. | | | | | | | | | | | | |
| Wall thickness or gauge r Blank casing interval: | | | | | | | | | | | | |
| Blank casing diameter: | | 1t. | | | | | | | | | | |
| Casing joints: | | | | | | | | | | | | |
| Weight: lbs. | | | | | | | | | | | | |
| Wall thickness or gauge r | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Grout interval: ft. to | | | | | | | | | | | | |
| Grout material: | | | | | | | | | | | | |
| Grout interval: ft. to | ft. | | COMME | :NTS | | | | | | | | |
| Grout material: | | | | | | | | | | | | |
| Samoon / monformation montonial | | | | | | | | | | | | |
| Screen / perforation material: Screen / perforation opening | | | CONTR | ACTORIS (| OR LANDOWNERS | CEDTIEICATI | ON | | | | | |
| Screen / perforation intervals: | | | | | | | | . 1 | | 41 | 411 | |
| Fromft. to | | | | | was constructed | | | | | the stated w | | |
| | | | | | nse and was com | • | | | • | | | to |
| Slot size unit _ From ft. to | | | | • | nowledge and be | | | | - | | | |
| Slot size unit _ | | | | | ess name of | | | | | | | , |
| Gravel pack intervals: | | | Kansa | s Water V | Vell Contractor's | License No | | ur | nder the au | thority of th | e designa | ated |
| - | Graval siza | | person | n as define | ed in K.A.R. 28-3 | 0-2(j) and sig | gned | and certifi | ied by the e | electronic sią | gnature o | f the |
| Gravel pack not used: From ft. to | | in | - | | on at its submitta | | | | • | · | | |
| | f t | | | | on at its submitte | 11. | | | | | | |
| | | | | | VATER WELL OW | | one f | or your rec | ords. Fee of s | 55.00 for each | constructe | ed wel |

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 | 1795665 | | | |
| Well Owner | Jordan Tittel | | | |
| Contractor | Rosencrantz-Bemis Ent., Inc. | | | |

Lithology

| From | То | Lithology Intervals |
|------|-----|--|
| 0 | 3 | topsoil |
| 3 | 22 | clay,tan |
| 22 | 145 | shale,slightly weathered,black |
| 145 | 172 | shale,slightly weathered,clayey,red |
| 172 | 184 | shale,slightly weathered,dakota |
| 184 | 296 | shale,slightly weathered,clayey,red |
| 296 | 310 | sandstone,slightly weathered |
| 310 | 340 | shale,slightly weathered,clayey,red |
| 340 | 350 | sandstone,slightly weathered |