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)

| LOCATION OF WATI                        | ER WELL   |             |  |  |           |          |               | Origin    | al Recor                          | d Coi                                   | rection            | Change       | e in We   | ll Use   |
|---|---|-------------|--|--|-----------|----------|---------------|-----------|-----------------------------------|---|--------------------|--------------|-----------|----------|
| Latitude                                |   | Longitude   |  |  | Section   |          | Township      |           | Range                             | E<br>W                                  | Fraction           | 1/4          | 1/4       | 1/4      |
| Datum                                   |   | Elevation   |  |  | County    |          | 1             |           | 0                                 | VV                                      |                    |              |           |          |
| WATER WELL OWNE                         | :R  |             |  |  | VATER U   | SE       |               |           |                                   | NEAREST S                               | OURCE OF I         | POTENTIAL C  | ONTAMIN   | NATION   |
| Name                                    |   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Business                                |   |             |  | COMPI  | ETION     |          |               |           |                                   | Distance                                |                    | Direction    |           |          |
| Dusilless                               |   |             |  |  | ETION     |          |               |           |                                   | from well:                              |                    | from wel     | l:        |          |
| Address                                 |   |             | Depth of completed well:ft.                            |  |           |          |               | ft.       | Source                            |   |                    |              |           |          |
|   |   |             |  | Depth(s) groundwater encountered:  |           |          |               |           |                                   | descriptio                              |                    |              |           |          |
| VATall la antion                        |   |             | (1) ft.; (2) ft.;                                      |  |           |          |               |           | Source:                           |   |                    |              |           |          |
| Well location                           |   |             | (3) ft.; (4) dry well                                  |  |           |          |               |           | Distance<br>from well:            |   | Direction from wel |              |           |          |
| at owner's                              |   |             | Static water level in well: ft.                        |  |           |          |               |           | Source                            |   |                    |              |           |          |
| address                                 |   |             |  | measured below land surface on (mm/dd/yy):   |           |          |               |           |                                   | description:                            |                    |              |           |          |
| CONSTRUCTION                            |   |             |  |  |           |          | nd surface    |           |                                   | No pot                                  | ential sourc       | e of contami | nation    |          |
| Borehole interval: Borehole diameter:   |   |             | meter:   | measured above land surface on (mm/dd/yy):   |           |          |               |           |                                   | within 100 feet.                        |                    |              |           |          |
| from to ft. in.                         |   |             |  |  |           |          |               |           | PERMIT & ID NUMBERS (AS REQUIRED) |   |                    |              |           |          |
| fromtoftin.                             |   |             | Estimated yield: gpm  Water level was: ft. after hours |  |           |          |               | nurs      | DWR Application No.:              |   |                    |              |           |          |
|   |   |             |  | , vacci  | iever was | •        | pumping       |           |                                   | KDHE / EPA Project Code:                |                    |              |           |          |
| Casing height above                     |   |             | in.  | Pump   | installed | ? Ye     |               | 81        |                                   | Site Name:                              |                    |              |           |          |
| If casing height i<br>has a variance be |   |             | . No   | Pump installed? Yes No   |           |          |               |           |                                   | KDHE UIC Class V Form Completed: Yes No |                    |              |           |          |
| *variance not red                       |   |             |  | Water well disinfected? Yes No   |           |          |               |           |                                   | County Permit: Yes No Permit ID:        |                    |              |           |          |
| or environment                          | al remedia  | ation wells |  | Date disinfected (mm/dd/yy):   |           |          |               |           |                                   | Lease Name & Well #:                    |                    |              |           |          |
| Casing type: ft. to ft.                 |   |             |  | Aquifer, if known:   |           |          |               |           |                                   | # of boreholes: # of dewatering wells:  |                    |              |           |          |
| Blank casing diamet                     |   |             | 11.  |  | OGIC LO   |          |               |           |                                   |   |                    |              |           |          |
| Casing joints:                          |   |             |  | FROM   |           |          | ITHOLOGY II   | NTERVA    | NI S                              |   |                    |              |           |          |
| -                                       | lbs/f   |             |  | 111011   | " "       | <u> </u> |               | VI LIVV   | 11.5                              |   |                    |              |           |          |
| Wall thickness o                        |   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Blank casing interva                    | 0 0   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Blank casing diamet                     |   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Casing joints:                          |   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Weight:                                 | lbs/f   | t.          |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Wall thickness o                        | r gauge no  | o.:         |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Grout interval:                         | ft. to  | ft.         |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Grout material:                         |   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Grout interval:                         |   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Grout material:                         |   |             |  | COMM   | ENTS      |          |               |           |                                   |   |                    |              |           |          |
|   |   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Screen / perforation                    | material: _   |             |  |  |           |          |               |           |                                   |   |                    |              |           |          |
| Screen / perforation                    | openings:   | :           |  | CONTR  | ACTOR'    | S OR L   | ANDOWNERS     | CERTIF    | ICATION                           |   |                    |              |           |          |
| Screen / perforation                    | intervals:  |             |  | This v   | vater we  | ll was   | constructed   | d 1       | reconstru                         | cted p                                  | ursuant to         | the stated w | ater well |          |
| Fromft. to                              | Fromft. toft. contractor's license and was completed on I certify that this record is true to |             |  |  |           |          |               |           | to                                |   |                    |              |           |          |
| Slot size                               |   |             |  | the be   | est of my | know     | vledge and be | elief. Th | is water v                        | vell record v                           | was comple         | eted on      |           |          |
| From ft. to ft.                         |   |             |  | under the business name of   |           |          |               |           |                                   |   |                    |              |           |          |
| Slot size unit                          |   |             |  | Kansas Water Well Contractor's License No under the authority of the designated  |           |          |               |           |                                   |   |                    |              |           |          |
| Gravel pack intervals:                  |   |             |  | person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the   |           |          |               |           |                                   |   |                    |              |           |          |
| Gravel pack not used: Gravel size in    |   |             |  | designated person at its submittal:  |           |          |               |           |                                   |   |                    |              |           |          |
| From ft.                                |   |             |  |  | -         |          |               |           | ratain as                         | for your == -                           | orde Ess of the    | 5 00 for and | construct | ad recl1 |
| Gravel pack not used: Gravel sizein     |   |             |  | 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 |           |          |               |           |                                   |   |                    |              |           |          |
| From ft.                                | to  | ft.         |  |  | D         |          | Total Cools   | 041       | 1000 6147                         | C4 C                                    |                    |              | 1267      |          |

| Form       | WWC5.2 - Water Well Record |  |  |  |
|------------|----------------------------|--|--|--|
| Doc ID     | 1804078                    |  |  |  |
| Well Owner | Allen Branch               |  |  |  |
| Contractor | Weninger Drilling, LLC     |  |  |  |

## Lithology

| From | То | Lithology Intervals                   |
|------|----|---------------------------------------|
| 0    | 2  | topsoil                               |
| 2    | 8  | clay,brown                            |
| 8    | 17 | sand,fine                             |
| 17   | 21 | clay,brown                            |
| 21   | 31 | sand,fine                             |
| 31   | 38 | sand,medium                           |
| 38   | 48 | gravel,fine to medium                 |
| 48   | 54 | sand,medium                           |
| 54   | 60 | shale,slightly<br>weathered,gray,soft |