

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____
 Original Record Correction Change in Well Use

LOCATION OF WATER WELL

| | | | | | | | | | | | | | | | | | |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|--|---|--|---|--|---|
| Latitude | | Longitude | | Section | | Township | | Range | | E W | Fraction | | ¼ | | ¼ | | ¼ |
| Datum | | Elevation | | County | | | | | | | | | | | | | |

WATER WELL OWNER

| | |
|--------------------|--|
| Name | |
| Business | |
| Address | |
| Well location | |
| at owner's address | |

WELL WATER USE

| |
|--|
| |
|--|

COMPLETION

| |
|--|
| Depth of completed well: _____ ft. |
| Depth(s) groundwater encountered: |
| (1) _____ ft.; (2) _____ ft.; |
| (3) _____ ft.; (4) dry well |
| Static water level in well: _____ ft. |
| measured below land surface |
| on (mm/dd/yy): _____ |
| measured above land surface |
| on (mm/dd/yy): _____ |
| Estimated yield: _____ gpm |
| Water level was: _____ ft. after _____ hours |
| pumping _____ gpm |
| Pump installed? Yes No |
| Water well disinfected? Yes No |
| Date disinfected (mm/dd/yy): _____ |
| 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. |

CONSTRUCTION

| | |
|--|--------------------|
| Borehole interval: | Borehole diameter: |
| from _____ to _____ ft. | _____ in. |
| from _____ to _____ ft. | _____ in. |
| Casing height above land surface: _____ 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: _____ | |
| Blank casing interval: _____ ft. to _____ ft. | |
| Blank casing diameter: _____ in. | |
| Casing joints: _____ | |
| Weight: _____ lbs/ft. | |
| Wall thickness or gauge no.: _____ | |
| Blank casing interval: _____ ft. to _____ ft. | |
| Blank casing diameter: _____ in. | |
| Casing joints: _____ | |
| Weight: _____ lbs/ft. | |
| Wall thickness or gauge no.: _____ | |
| Grout interval: _____ ft. to _____ ft. | |
| Grout material: _____ | |
| Grout interval: _____ ft. to _____ ft. | |
| Grout material: _____ | |
| Screen / perforation material: _____ | |
| Screen / perforation openings: _____ | |
| Screen / perforation intervals: | |
| From _____ ft. to _____ ft. | |
| Slot size _____ unit _____ | |
| From _____ ft. to _____ ft. | |
| Slot size _____ unit _____ | |
| Gravel pack intervals: | |
| Gravel pack not used: Gravel size _____ in | |
| From _____ ft. to _____ ft. | |
| Gravel pack not used: Gravel size _____ in | |
| From _____ ft. to _____ ft. | |

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: _____ |
| Lease Name & Well #: _____ |
| # of boreholes: _____ # of dewatering wells: _____ |

LITHOLOGIC LOG

| FROM | TO | LITHOLOGY INTERVALS |
|------|----|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ 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: _____. |
|---|

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

| | |
|------------|----------------------------|
| Form | WWC5.2 - Water Well Record |
| Doc ID | 1796358 |
| Well Owner | John Handy |
| Contractor | Blue Sage Services, LLC |

Lithology

| From | To | Lithology Intervals |
|------|-----|-------------------------------|
| 0 | 5 | topsoil |
| 5 | 20 | clay, fine, sandy, tan |
| 20 | 90 | clay, medium, sandy, tan |
| 90 | 240 | sand, fine to medium |
| 240 | 280 | sand, medium |
| 280 | 430 | sand, fine to medium, blueish |
| 430 | 470 | sand, fine |
| 470 | 520 | sand, fine, clayey, blueish |
| 520 | 540 | clay, sandy, blue |



Seward County
515 N. Washington, Suite 207
Liberal, KS
(620) 626-3394

Water Well Drilling Permit

Purpose: Water Well

Permit Number: 1149

Applicant

Name: Blue Sage Services

Application Date: 10/28/2024

Address: 407 Douglas Ave
Beaver, OK 73932

Phone #: 580-652-6100

Parcel

Parcel Number: 094-20-0-00-00-001.00-0

Zoning: "AG" Agricultural

Address: 20402 Road 13

Kismet, KS 67859

Tract Description: Section 20-T33S-R31W

Addition:

Block: Lot(s):

Owners

Name: Jon E Handy

Address:

Contractors

Contractor Type: Water well driller

Name: Blue Sage Services

Address: 407 Douglas Ave Beaver, OK 73932

Phone: 580-625-6100

Fees and Receipts

Fee: Residential Permit

Description:

Amount: \$131.19

Total Fees: 131.19

11/21/2024

#7341

Total Receipts: \$131.19

Conditions

Condition Description:

This permit becomes null and void if work or construction authorized is not commenced within 90 days, or within one (1) year from date of issuance regardless of the state of completion of the construction authorized by this permit.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances

governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regarding construction or the performance of construction.

A final inspection will be conducted prior to occupancy of this structure.

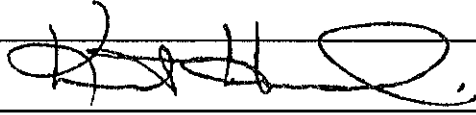
By signing, applicant also acknowledges receipt of "Required Inspection" document.

Applicant Signature: _____

Contractor Owner Agent

If agent, list relationship: _____

Building Department Signature: _____



Please Call 620-626-3394 to schedule inspections.