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 Well location                   |             |               | Depth of completed well:ft.       |  |            |          |               | ft.       | Source                           |                              |                    |                |           |          |
|   |             |               | Depth(s) groundwater encountered: |  |            |          |               |           | descriptio                       |                              |                    |                |           |          |
|   |             |               | (1) ft.; (2) ft.;                 |  |            |          |               |           | Source:                          |                              |                    |                |           |          |
|   |             |               | (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<br>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                                 |             |               | in.                               |  | ated yield |          | gpm           |           |                                  | PERMIT &                     | ID NUMBER          | S (AS REQUI    | RED)      |          |
| fromto                                  |             |               | in.                               |  | •          |          |               | bo        | nurs                             | DWR Apr                      | olication No.      | :              |           |          |
|   |             |               |                                   | Water level was: ft. afterhours pumping gpm  |            |          |               |           |                                  | 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   |            |          |               |           |                                  |                              | orm Complete       |                | 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 boreh                       | oles:                        | # of dewater       | ing 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                              | fi          | t.            |                                   | contr  | actor's li | cense    | and was com   | pleted    | on                               |                              | I certify th       | at this record | d is true | 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                             |             |               |                                   |  | -          |          | 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 sizein     |             |               |                                   | designated person at its submittal:  |            |          |               |           |                                  |                              |                    |                |           |          |
| From ft.                                |             |               |                                   |  |            |          | ER WELL OW    |           | ratain as                        | for your == -                | orde Ess of the    | 5 00 for and   | construct | ad recll |
| Gravel pack not                         |             | Gravel size _ | in                                | sena or  | ie copy to | VVAIL    |               |           |                                  | e for your reco<br>EALTH AND |                    |                | construct | eu weii. |
| From ft.                                | to          | ft.           |                                   |  | D          |          | Total Cools   | 041       | 1000 6147                        | C4 C                         |                    |                | 1267      |          |

| Form       | WWC5.2 - Water Well Record   |
|------------|------------------------------|
| Doc ID     | 1838388                      |
| Well Owner | Vincent Oil Corp             |
| Contractor | Rosencrantz-Bemis Ent., Inc. |

## Casing

| From | То  | Casing<br>Diameter | Casing Joint | Wall<br>Thickness or<br>Gauge<br>Number |
|------|-----|--------------------|--------------|---|
| 0    | 100 | 5                  | Glued        | SDR -21                                 |
| 140  | 150 | 5                  | Glued        | SDR - 21                                |
| 170  | 175 | 5                  | Glued        | SDR - 21                                |