WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1838999 WELL ID

✓ Original Record ☐ Correction ☐ Change in Well Use

LOCATION OF WATER WELL

Latitude	38.10733	Longitude	-97.283036	Section	26	Township	22	Range	1 ✓E ☐W	Fraction	NE ¼ NE ¼ SE ¼
Datum	NAD83	Elevation	1504	County	Harvey						

WATER WELL OWNER

Name	
Business	Merle Flaming
Address	113 S Second Marion KS 66861
Well location ☐ at owner's address	5221 N Oliver Newton

CONSTRUCTION

Borehole interval: from 0 to 200 ft.
from ____ to ____ ft.

Borehole diameter: 4.875 in.
____ 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: None

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: 0 ft. to 200 ft.

Grout material: Other

Grout interval: ____ ft. to ____ ft.

Grout material: ____

Screen / perforation material: None

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.

WELL WATER USE

Geothermal ClosedLoopVertical

COMPLETION

Depth of completed well: 200 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: Sewage lagoon

Distance from well: 50 Direction from well: S

Source description: ____

Source: ____

Distance from well: ____ Direction from well: ____

Source description: ____

☐ No potential source of contamination within 100 feet.

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: 3 # of dewatering wells: ____

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS
0	1	topsoil
1	200	shale,moderately weathered,gray,w/ occasional hard streaks

COMMENTS

Grout other is Benseal. Selected dry well to bypass static information.

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed ✓ reconstructed ☐ pursuant to the stated water well contractor's license and was completed on 04/11/2025. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on 05/08/2025 under the business name of Peterson McNett Drilling, Inc., Kansas Water Well Contractor's License No. 897 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: Logan McNett.

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

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

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