_ 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)

From _____ ft. to _____ ft.

LOCATION OF WATER WELI	L				Original Reco	rd Correction	Change	in We	ll Use
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County			VV			
WATER WELL OWNER			WELL WATER USE			NEAREST SOURCE OF POTENTIAL CONTAMINATION			
Name						Source:			
Business		COI	MPLETION			Distance	Direction		
Dustriess						from well:	from well:		
Address			Depth of completed well:ft. Depth(s) groundwater encountered:			Source description:			
			(1) ft.; (2) ft.;			Source:			
Well location			(3) ft.; (4) dry well				- ·		
			Static water level in well: ft.			from well:	from well:	:	
at owner's address			measured below land surface			Source description:			
CONSTRUCTION			on (mm/dd/yy):			No potential source	of contamin	ation	
Borehole interval: Borehole diameter:		meter:	measured above land surface on (mm/dd/yy):			within 100 feet.			
fromto ft.				gpm		PERMIT & ID NUMBERS (AS REQUIRED)			
fromtoft.			Water level was: ft. after hours			DWR Application No.:			
Casing height above land sur			pumping gpm			KDHE / EPA Project Code:			
If casing height is less that			mp installed	Yes No		Site Name:			
has a variance been appr	oved?* Ye	s No	11 14 4			KDHE UIC Class V Form Completed: Yes No			
*variance not required for			Water well disinfected? Yes No			County Permit: Yes No Permit ID:			
or environmental remediation wells Casing type:			Date disinfected (mm/dd/yy):			Lease Name & Well #: _			
Blank casing interval:	ft. to	ft. Aq	Aquifer, if known:			# of boreholes:	# of dewateri	ng wells:	
Blank casing diameter:	in.	LITH	HOLOGIC LO	G					
Casing joints:		FF	ком то	LITHOLOGY	NTERVALS				
Weight:lbs	s/ft.								
Wall thickness or gauge									
Blank casing interval:	ft.								
Blank casing diameter:									
Casing joints:									
Weight:lbs									
Wall thickness or gauge									
Grout interval: ft. to									
Grout material:									
Grout interval: ft. to		cor	MMENTS						
Grout material:									
Screen / perforation material	:								
Screen / perforation opening	 ζs:	COI	NTRACTOR'S	OR LANDOWNERS	CERTIFICATION	<u> </u>			
Screen / perforation intervals			is water we	ll was constructed	d reconstru	icted pursuant to tl	he stated wa	iter well	
Fromft. to	_ft.		contractor's license and was completed on . I certify that this record is true to						
Slot size unit _					•	•			
From ft. to	the best of my knowledge and benefit this water wen record was completed on								
Slot size unit Kansas Water Well Contractor's License No under the authority of the designat							, ated		
person as defined in K.A.R. 28-30-2(i) and signed and certified by the electronic signature									
	Gravei pack not used: Gravei size in							,1 tile	
From ft. to			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.						
Gravel pack not used:	Gravel size _	vel size in 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							

Form	WWC5.2 - Water Well Record		
Doc ID	1860599		
Well Owner	Cypress Glen Partners, LLC		
Contractor	Weninger Drilling, LLC		

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	6	clay,brown
6	16	sand,fine
16	23	shale,slightly weathered,light,brown
23	28	shale,slightly weathered,light,green
28	37	shale,slightly weathered,gray
37	40	shale,slightly weathered,brownish,gray
40	51	shale,broken,gray
51	90	shale,slightly weathered,gray
90	120	shale,broken,gray,Gypsum