KOLAR DOC ID \_\_\_\_\_ WELL ID\_

## **WATER WELL RECORD** (WWC-5)

| OCATION OF WATER W   | ELL   |          |  |                                     |                                 | Original Reco    | rd Correction                  | Change in           | Well Use     |  |
|--|---|----------|--|-------------------------------------|---------------------------------|------------------|--------------------------------|---------------------|--------------|--|
| Latitude   | Longitude   |          | S  | Section                             | Township                        | Range            | E<br>W Fraction                | 1/4 1/2             | 4 1/4        |  |
| Datum  | Elevation   |          | (  | County                              |                                 |                  |                                |                     |              |  |
| WATER WELL OWNER   |   | II.      | WELL V                                     | ATER US                             |                                 |                  | NEAREST SOURCE OF PO           | OTENTIAL CONT/      | AMINATION    |  |
| Name   |   |          |  |                                     |                                 |                  | Source:                        |                     |              |  |
| Business   |   |          | COMPL                                      | FTION                               |                                 |                  | Distance                       | Direction           |              |  |
| 24011000   |   |          |  |                                     | . 1 11                          |                  | from well:                     | from well:          |              |  |
| Address  |   |          |  |                                     | ted well:<br>water encountered: |                  | Source description:            |                     |              |  |
|  |   |          | (1)  | ft.;                                | (2) ft.;                        |                  | Source:                        |                     |              |  |
| Well location  |   |          | (3)  | ft.;                                | (4) dry well                    |                  | Distance from well:            | Direction           |              |  |
| at owner's address   |   |          | me   |                                     | in well: ft<br>ow land surface  | :.               | Source description:            | -                   |              |  |
| CONSTRUCTION   |   |          |  | •                                   | •                               |                  | No potential source            | of contaminatio     | n            |  |
| Borehole interval:   | Borehole dia  | meter:   | measured above land surface on (mm/dd/yy): |                                     |                                 |                  | within 100 feet.               |                     |              |  |
| fromto ft.   |   | in.      |  |                                     | gpm                             |                  | PERMIT & ID NUMBERS            | (AS REQUIRED)       | )            |  |
| fromto ft.   |   |          |  |                                     |                                 | hours            | DWR Application No.:           |                     |              |  |
| Casing height above land   |   |          | Water level was:ft. afterhours pumping gpm |                                     |                                 |                  | KDHE / EPA Project Code:       |                     |              |  |
|  |   | m.       | Pump                                       | installed?                          | Yes No                          | 8r               | Site Name:                     |                     |              |  |
| If casing height is less than 12 in. has a variance been approved?* Yes No |   |          | - 1  |                                     | 100 -10                         |                  | KDHE UIC Class V For           |                     |              |  |
| *variance not required for monitoring                                      |   |          | Water well disinfected? Yes No             |                                     |                                 |                  | County Permit: Yes             | No Permit ID:       |              |  |
| or environmental remediation wells   |   |          | Date disinfected (mm/dd/yy):               |                                     |                                 |                  | Lease Name & Well #:           |                     |              |  |
| Casing type:   | A 40  | <u> </u> | Aquife                                     | r, if knowr                         | n·                              |                  | # of boreholes:                | # of dewatering v   | vells:       |  |
| Blank casing interval:   |   | π.       |  |                                     |                                 |                  |                                |                     |              |  |
| Blank casing diameter:   |   |          |  | OGIC LOC                            |                                 | NITEDWAL C       |                                |                     |              |  |
| Casing joints:<br>Weight:  |   |          | FROM                                       | і то                                | LITHOLOGY II                    | NIERVALS         |                                |                     |              |  |
|  |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Wall thickness or gaug<br>Blank casing interval:                           |   | <b>I</b> |  |                                     |                                 |                  |                                |                     |              |  |
| Blank casing diameter:   |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Casing joints:   |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Weight:  |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Wall thickness or gaug   |   |          |  |                                     |                                 |                  |                                |                     |              |  |
|  |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Grout interval: ft.  |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Grout material:  |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Grout interval: ft.  |   |          | соммі                                      | NTS                                 |                                 |                  |                                |                     |              |  |
| Grout material:  |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Saraan / narfaration mater   | ial.  |          |  |                                     |                                 |                  |                                |                     |              |  |
| Screen / perforation mater   |   |          | CONTR                                      | ACTOR/S                             | OR LANDOWNERS                   | CERTIFICATION    | 1                              |                     |              |  |
| Screen / perforation open  | Contractor's or Landowners Certification  Contractor's or Landowners Certification  This water well was constructed reconstructed pursuant to the stated water well |          |  |                                     |                                 |                  |                                | ll                  |              |  |
| Fromft. to   |   |          |  |                                     |                                 |                  | •                              |                     |              |  |
| Slot size un   |   |          |  |                                     |                                 | _                | I certify that                 |                     |              |  |
| From ft. to  |   |          |  | -                                   | =                               |                  | well record was complet        |                     |              |  |
| Slot size un   |   |          |  |                                     |                                 |                  |                                |                     |              |  |
| Gravel pack intervals:   |   |          | Kansa                                      | s Water V                           | Well Contractor's               | License No       | under the autl                 | nority of the des   | signated     |  |
| -  | Graval size   | ş        | person                                     | n as defin                          | ed in K.A.R. 28-3               | 0-2(j) and signe | d and certified by the el      | ectronic signatu    | ire of the   |  |
| Gravel pack not used: Gravel size in From ft. to ft.                       |   |          |  | designated person at its submittal: |                                 |                  |                                |                     |              |  |
| Gravel pack not used:  |   | :        |  |                                     |                                 |                  | e for your records. Fee of \$5 | 5.00 for each const | ructed well. |  |
| From ft. to  |   | in       |  | 17                                  |                                 |                  | IEALTH AND ENVIRONMI           |                     |              |  |
| 110III IL. 10  | 11.   |          |  | Bureau                              | of Water, Geology S             | Section, 1000 SW | Jackson St., Suite 420, Tope   | ka KS 66612-136     | .7           |  |

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367
(785) 296-3565 | K.S.A. 82a-1212 | v2022c

| Form       | WWC5.2 - Water Well Record |  |  |
|------------|----------------------------|--|--|
| Doc ID     | 1860386                    |  |  |
| Well Owner | Cypress Glen Partners LLC  |  |  |
| Contractor | Weninger Drilling, LLC     |  |  |

## Lithology

| From | То  | Lithology Intervals                       |
|------|-----|---|
| 0    | 3   | topsoil                                   |
| 3    | 10  | clay,brown                                |
| 10   | 16  | sand,fine                                 |
| 16   | 21  | shale,moderately weathered,green          |
| 21   | 28  | shale,broken,green                        |
| 28   | 33  | shale,moderately weathered,gray           |
| 33   | 40  | shale,moderately weathered,brownish,green |
| 40   | 51  | shale,broken,gray                         |
| 51   | 90  | shale,moderately<br>weathered,gray        |
| 90   | 120 | shale,broken,gray,w/ Gyp                  |