WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID 1872654 WELL ID

LOCATION OF WATER WELL

County	Leavenworth	Section	30	Township	9	Range	22 ✔E ☐W	Fraction	SE ¼ NE ¼ NW ¼
Latitude	39.242656	Longitude	-95.003889	Datum	WGS84	Elevation	994		

WATER WELL LOCATION

✔ at owner's address

WATER WELL OWNER

Name	David Edmonds
Business	
Address	25875 183rd St Leavenworth KS 66048

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.:

KDHE / EPA Project Code:

Site Name:

KDHE UIC Class V Form Completed: ☐ Yes ☐ No

County/Local Permit Required? ☐ Yes ☐ No

Permit Obtained? ☐ Yes ☐ No Permit ID:

Oil/Gas Lease Name & Well #:

CONSTRUCTION

Casing: Height above land surface: _____ in.

Is casing height less than 12 inches? ☐ Yes ✔ No

Blank Casing type: ThermalPlastic

1st interval: 0 ft. to 180 ft.; Diameter .75 in.

Casing Joint: : Welded Weight: ____ lbs/ft

Wall thickness or gauge no.: SDR11

2nd interval: ____ ft. to ____ ft.; Diameter ____ in.

Casing Joint: : ____ Weight: ____ lbs/ft

Wall thickness or gauge no.: ____

3rd interval: ____ ft. to ____ ft.; Diameter ____ in.

Casing Joint: : ____ Weight: ____ lbs/ft

Wall thickness or gauge no.: ____

Screen / Perforation material: None

Specify if other:

Screen / Perforation openings:

1st interval ____ ft. to ____ ft. Slot Size ____ ____

2nd interval ____ ft. to ____ ft. Slot Size ____ ____

3rd interval ____ ft. to ____ ft. Slot Size ____ ____

WELL WATER USE

Geothermal ClosedLoopVertical

Additional info if required:

# of Boreholes 3 # of Dewatering Wells

COMPLETION

Depth of completed well: 180 ft.

Depth(s) groundwater encountered: ☐ Dry Well

(1) ____ ft.; (2) ____ ft.; (3) ____ ft.;

Static water level in well: 10 ft.

Date measured: 12/15/2025

Measured from: ☐ Top of Casing or ✔ Ground Surface

Measured: ☐ Above or ✔ Below Land Surface

Estimated yield: ____ gpm

Pump Test Date: Water level was:

____ ft. after ____ hours pumping ____ gpm

____ ft. after ____ hours pumping ____ gpm

Pump Information:

Pump Installed? ☐ Yes ☐ No Date:

Pump Type: Horsepower: Volts:

Drop Pipe Diameter: in. Drop Pipe Length: ft.

Water well disinfected? ☐ Yes ☐ No

Date disinfected (mm/dd/yy):

CONSTRUCTION

Borehole interval:

from 0 to 180 ft.

from ____ to ____ ft.

from ____ to ____ ft..

Borehole diameter:

6 in.

____ in.

____ in.

Grout:

1st Interval: 0 ft. to 180 ft. Grout material: Bentonite

2nd Interval: ____ ft. to ____ ft. Grout material: ____

3rd Interval: ____ ft. to ____ ft. Grout material: ____

Gravel pack: Not Used

1st Interval: ____ ft. to ____ ft. Gravel Size: ____ ☐

2nd Interval: ____ ft. to ____ ft. Gravel Size: ____ ☐

3rd Interval: ____ ft. to ____ ft. Gravel Size: ____ ☐

DESIGNATED PERSON	Kyler Erickson	WELL COMPLETION DATE	12/15/2025
CONTRACTOR BUSINESS NAME	Associated Drilling, Inc. #990		

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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Well Owner	David Edmonds	Well Owner Business									

NEAREST SOURCE OF POTENTIAL CONTAMINATION or ☐ No potential source of contamination within 100 ft.

Source:	Source:
Distance from well (ft): Direction from well:	Distance from well (ft): Direction from well:
Source description:	Source description:
Required information for local entity? ☐ Yes ☐ No	Required information for local entity? ☐ Yes ☐ No

LITHOLOGIC LOG **AQUIFER, if known**

FROM	TO	LITHOLOGY
Attach	Attach	Attached

COMMENTS

This water well was constructed ☐ reconstructed pursuant to the stated water well contractor's license and was completed on 12/15/2025 . I certify that this record is true to the best of my knowledge and belief. This water well rcord was completed on 01/02/2026 under the business name of Associated Drilling, Inc. #990 , KS Water Well Contractor's License No. 990 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: Kyler Erickson . Send one copy to the water well owner and the contractor should retain one copy.