WATER WELL RECORD (WWC5.2) Constructed KOLAR DOC ID 1934492 WELL ID

LOCATION OF WATER WELL

County	Reno	Section	4	Township	25	Range	4 ☐E ☑W	Fraction	NE ¼ NW ¼ SW ¼
Latitude	37.904689	Longitude	-97.770562	Datum	WGS84	Elevation	1468		

WATER WELL LOCATION ☐ at owner's address

1160' E of S Haven Rd, 2530' N of E Arlington Rd

WATER WELL OWNER

Name	CB Showalter
Business	
Address	8803 E Arlington Rd Haven KS 67543

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: 51244

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: 24 in.

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

Blank Casing type: ThermalPlastic

1st interval: 0 ft. to 34 ft.; Diameter 16 in.

Casing Joint: : Glued Weight: ____ lbs/ft

Wall thickness or gauge no.: .5

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: PVC

Specify if other: _____

Screen / Perforation openings: Mill slot

1st interval 34 ft. to 54 ft. Slot Size ____ ____

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

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

WELL WATER USE

Irrigation

Additional info if required:

# of Boreholes # of Dewatering Wells

COMPLETION

Depth of completed well: 54 ft.

Depth(s) groundwater encountered: ☐ Dry Well

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

Static water level in well: 16 ft.

Date measured: 03/20/2026

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 54 ft.

from ____ to ____ ft.

from ____ to ____ ft..

Borehole diameter:

30 in.

____ in.

____ in.

Grout:

1st Interval: 0 ft. to 20 ft. Grout material: Bentonite

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

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

Gravel pack: Not Used

1st Interval: 20 ft. to 54 ft. Gravel Size: _____ ☐

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

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

DESIGNATED PERSON Jerad Stroot **WELL COMPLETION DATE** 03/19/2026

CONTRACTOR BUSINESS NAME Premier Pump & Well Service, Inc. #238

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

WATER WELL RECORD (WWC-5) Constructed KOLAR DOC ID 1934492 WELL ID

LOCATION OF WATER WELL

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Well Owner	CB Showalter	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
0	3	topsoil
3	16	clay,brown
16	25	sand,fine
25	26	clay,lense
26	31	sand,fine
31	32	clay,lense
32	53	sand,medium
53	54	clay,tan

COMMENTS

This water well was constructed ☐ reconstructed pursuant to the stated water well contractor's license and was completed on 03/19/2026. I certify that this record is true to the best of my knowledge and belief. This water well rcord was completed on 05/11/2026 under the business name of Premier Pump & Well Service, Inc. #238, KS Water Well Contractor's License No. 238 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: Jerad Stroot. Send one copy to the water well owner and the contractor should retain one copy.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367

K.S.A. 82a-1212
v2024c