WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID 1945895 WELL ID Well 3

LOCATION OF WATER WELL

County	Reno	Section	15	Township	24	Range	10 ☐E ☑W	Fraction	SE ¼ SE ¼ NW ¼
Latitude	37.963684	Longitude	-98.408832	Datum	NAD27	Elevation	1737		

WATER WELL LOCATION

☐ at owner's address

Located northwest of the intersection of N. Thompson St. and Whitehurst St. in Sylvia.

WATER WELL OWNER

Name	
Business	City of Sylvia
Address	P.O. Box 247 Sylvia KS 67581

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: 11,988

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 47 ft.; Diameter 8 in.

Casing Joint: : Splines Weight: 8.058 lbs/ft

Wall thickness or gauge no.: .507

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: Stainless steel

Specify if other: _____

Screen / Perforation openings: Wire wrapped

1st interval 47 ft. to 57 ft. Slot Size .06 inches

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

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

WELL WATER USE

Public Water Supply / Muncipal

Additional info if required:

# of Boreholes # of Dewatering Wells

COMPLETION

Depth of completed well: 59 ft.

Depth(s) groundwater encountered: ☐ Dry Well

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

Static water level in well: 13.80 ft.

Date measured: 02/12/2026

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): 02/12/2026

CONSTRUCTION

Borehole interval:

from 0 to 59 ft.

from ____ to ____ ft.

from ____ to ____ ft..

Borehole diameter:

20 in.

____ in.

____ in.

Grout:

1st Interval: 6 ft. to 26 ft. Grout material: Cement

2nd Interval: 26 ft. to 40 ft. Grout material: Bentonite

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

Gravel pack: Not Used

1st Interval: 40 ft. to 59 ft. Gravel Size: _____ ☐

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

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

DESIGNATED PERSON	Brent Clarke	WELL COMPLETION DATE	02/12/2026
CONTRACTOR BUSINESS NAME	Clarke Well & Equipment, Inc.		

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		Well Owner Business	City of Sylvia								

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,sandy
3	11	clay,tan,caliche
11	18	sand & gravel,fine to medium
18	22	clay,tan
22	53	sand & gravel,fine to coarse
53	57	sand & gravel,fine,to very coarse
57	59	sand,fine to medium

COMMENTS

This water well was constructed ☐ reconstructed pursuant to the stated water well contractor's license and was completed on 02/12/2026. I certify that this record is true to the best of my knowledge and belief. This water well rcord was completed on 07/30/2026 under the business name of Clarke Well & Equipment, Inc., KS Water Well Contractor's License No. 185 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: Brent Clarke. Send one copy to the water well owner and the contractor should retain one copy.

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K.S.A. 82a-1212
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