WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID 1986868 WELL ID

LOCATION OF WATER WELL

County	Phillips	Section	32	Township	4	Range	19 ☐E ☑W	Fraction	NW ¼	NW ¼	SW ¼
Latitude	39.66147	Longitude	-99.4961	Datum	WGS84	Elevation	1909				

WATER WELL LOCATION

☐ at owner's address

W2 32-4-19

WATER WELL OWNER

Name	Donna Wilkison
Business	
Address	306 W. Maple St. Logan KS 67646

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: N/A

Oil/Gas Lease Name & Well #:

CONSTRUCTION

Casing: Height above land surface: 36 in.

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

Blank Casing type: ThermalPlastic

1st interval: 0 ft. to 31 ft.; Diameter 5 in.

Casing Joint: : Glued Weight: 2.91 lbs/ft

Wall thickness or gauge no.: .258

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: Continuous slot (PVC)

1st interval 31 ft. to 71 ft. Slot Size ____ ____

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

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

WELL WATER USE

Domestic Livestock/Pasture

Additional info if required:

# of Boreholes # of Dewatering Wells

COMPLETION

Depth of completed well: 71 ft.

Depth(s) groundwater encountered: ☐ Dry Well

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

Static water level in well: 28 ft.

Date measured: 09/29/2026

Measured from: ☐ Top of Casing or ☑ Ground Surface

Measured: ☐ Above or ☑ Below Land Surface

Estimated yield: 15 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 71 ft.

from ____ to ____ ft.

from ____ to ____ ft..

Borehole diameter:

10 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 71 ft. Gravel Size: ☐

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

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

DESIGNATED PERSON Cody Werner

WELL COMPLETION DATE 09/28/2026

CONTRACTOR BUSINESS NAME Cody Werner

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 1986868 WELL ID

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Well Owner	Donna Wilkison	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	2	topsoil
2	9	clay
9	28	clay,sandy
28	45	other,river mud
45	55	sand & gravel,fine
55	60	sand & gravel,medium
60	71	shale,moderately weathered

COMMENTS

This water well was constructed ☐ reconstructed pursuant to the stated water well contractor's license and was completed on 09/28/2026 . I certify that this record is true to the best of my knowledge and belief. This water well rcord was completed on 09/30/2026 under the business name of Cody Werner , KS Water Well Contractor's License No. 1034 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: Cody Werner . 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
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