WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID 1983777 WELL ID

LOCATION OF WATER WELL

County	Haskell	Section	12	Township	28	Range	33	☐E ☑W	Fraction	NE ¼	NE ¼	NE ¼
Latitude	37.633177	Longitude	-100.871966	Datum	WGS84	Elevation	2961					

WATER WELL LOCATION

☐ at owner's address

FROM THE INTERSECTION OF HWY 83 AND RD 80 GO ABOUT 700 FEET SOUTH AND 300 FEET WEST.

WATER WELL OWNER

Name	
Business	COX FARMS
Address	450 US HWY 83 SUBLETTE KS 67877

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: 18 in.

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

Blank Casing type: ThermalPlastic

1st interval: 0 ft. to 495 ft.; Diameter 6 in.

Casing Joint: : Glued Weight: 200 lbs/ft

Wall thickness or gauge no.:

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 495 ft. to 595 ft. Slot Size ____ ____

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

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

WELL WATER USE

Domestic Household

Additional info if required:

# of Boreholes # of Dewatering Wells

COMPLETION

Depth of completed well: 595 ft.

Depth(s) groundwater encountered: ☐ Dry Well

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

Static water level in well: 428 ft.

Date measured: 08/11/2026

Measured from: ✓ Top of Casing or ☐ Ground Surface

Measured: ☐ Above or ☑ Below Land Surface

Estimated yield: 100 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): 08/10/2026

CONSTRUCTION

Borehole interval:

from 0 to 595 ft.

from ____ to ____ ft.

from ____ to ____ ft..

Borehole diameter:

11 in.

____ in.

____ in.

Grout:

1st Interval: 5 ft. to 25 ft. Grout material: Bentonite

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

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

Gravel pack: Not Used

1st Interval: 25 ft. to 595 ft. Gravel Size: ☐

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

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

DESIGNATED PERSON David Enns

WELL COMPLETION DATE 08/10/2026

CONTRACTOR BUSINESS NAME Southwest Windmill & Water Well Service, 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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LOCATION OF WATER WELL

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Well Owner		Well Owner Business	COX FARMS						

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	87	clay,sandy
87	220	sand,medium to coarse
220	238	clay
238	329	caliche,clayey
329	400	clay,blue
400	568	sand,fine to medium
568	608	clay,SOME SAND LAYERS

COMMENTS

This water well was constructed ☐ reconstructed pursuant to the stated water well contractor's license and was completed on 08/10/2026 . I certify that this record is true to the best of my knowledge and belief. This water well rcord was completed on 10/19/2026 under the business name of Southwest Windmill & Water Well Servic, KS Water Well Contractor's License No. 805 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: David Enns . 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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