

## WATER WELL RECORD (WWC-5)

Constructed

1807763

☒ Original Record ☒ Correction ☐ Change in Well Use

## LOCATION OF WATER WELL

|          |           |           |            |         |      |          |    |       |    |  |          |                |
|----------|-----------|-----------|------------|---------|------|----------|----|-------|----|--|----------|----------------|
| Latitude | 38.436838 | Longitude | -99.509382 | Section | 35   | Township | 18 | Range | 20 | <input type="checkbox"/> E <input checked="" type="checkbox"/> W | Fraction | SW ¼ SW ¼ NW ¼ |
| Datum    | WGS84     | Elevation | 2137       | County  | Rush |          |    |       |    |  |          |                |

## WATER WELL OWNER

|   |                                   |
|---|-----------------------------------|
| Name  | Derrick Schlegel                  |
| Business                                    | Derrick #1                        |
| Address                                     | P.O. Box 265<br>LaCrosse Ks 67548 |
| Well location                               | S of Ave S, E of Rush Co Rd 140   |
| <input type="checkbox"/> at owner's address |                                   |

## WELL WATER USE

|                            |
|----------------------------|
| Domestic Livestock/Pasture |
|----------------------------|

## COMPLETION

|  |   |
|--|---|
| Depth of completed well:   | 300 ft.   |
| Depth(s) groundwater encountered:  |   |
| (1) 200 ft.; (2) _____ ft.;  |   |
| (3) _____ ft.; (4) <input type="checkbox"/> dry well                           |   |
| Static water level in well:  | 139 ft.   |
| <input checked="" type="checkbox"/> measured below land surface on (mm/dd/yy): | 08/05/2024  |
| <input type="checkbox"/> measured above land surface on (mm/dd/yy):            |   |
| Estimated yield:   | _____ gpm   |
| Water level was:   | _____ ft. after _____ hours pumping _____ gpm                       |
| Pump installed?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Water well disinfected?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Date disinfected (mm/dd/yy):   | 08/05/2024  |
| Aquifer, if known:   |   |

## NEAREST SOURCE OF POTENTIAL CONTAMINATION

|   |                                  |
|---|----------------------------------|
| Source:   | _____                            |
| Distance from well:   | _____ Direction from well: _____ |
| Source description:   | _____                            |
| Source:   | _____                            |
| Distance from well:   | _____ Direction from well: _____ |
| Source description:   | _____                            |
| <input checked="" type="checkbox"/> No potential source of contamination within 100 feet. |                                  |

## PERMIT &amp; ID NUMBERS (AS REQUIRED)

|                                  |  |
|----------------------------------|--|
| DWR Application No.:             | _____  |
| KDHE / EPA Project Code:         | _____  |
| Site Name:                       | _____  |
| KDHE UIC Class V Form Completed: | <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| County Permit:                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Permit ID: n/a |
| Lease Name & Well #:             | _____  |
| # of boreholes:                  | _____ # of dewatering wells: _____   |

## CONSTRUCTION

|  |   |
|--|---|
| Borehole interval:   | Borehole diameter:  |
| from 0 to 300 ft.  | 10 in.  |
| from _____ to _____ ft.  | _____ in.   |
| Casing height above land surface:  | 24 in.  |
| If casing height is less than 12 in. has a variance been approved?*      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| *variance not required for monitoring or environmental remediation wells |   |
| Casing type:   | ThermalPlastic  |
| Blank casing interval:   | 0 ft. to 260 ft.  |
| Blank casing diameter:   | 5 in.   |
| Casing joints:   | Glued   |
| Weight:  | _____ lbs/ft.   |
| Wall thickness or gauge no.:   | .17   |
| Blank casing interval:   | _____ ft. to _____ ft.  |
| Blank casing diameter:   | _____ in.   |
| Casing joints:   | _____   |
| Weight:  | _____ lbs/ft.   |
| Wall thickness or gauge no.:   | _____   |
| Grout interval:  | 0 ft. to 45 ft.   |
| Grout material:  | Bentonite   |
| Grout interval:  | _____ ft. to _____ ft.  |
| Grout material:  | _____   |
| Screen / perforation material:   | PVC   |
| Screen / perforation openings:   | Saw cut   |
| Screen / perforation intervals:  |   |
| From 260 ft. to 300 ft.  |   |
| Slot size _____ unit   |   |
| From _____ ft. to _____ ft.  |   |
| Slot size _____ unit   |   |
| Gravel pack intervals:   |   |
| Gravel pack not used: <input type="checkbox"/> Gravel size _____ in      |   |
| From 45 ft. to 300 ft.   |   |
| Gravel pack not used: <input type="checkbox"/> Gravel size _____ in      |   |
| From _____ ft. to _____ ft.  |   |

## LITHOLOGIC LOG

| FROM   | TO     | LITHOLOGY INTERVALS |
|--------|--------|---------------------|
| Attach | Attach | Attached            |
|        |        |                     |
|        |        |                     |
|        |        |                     |
|        |        |                     |
|        |        |                     |
|        |        |                     |

## COMMENTS

|  |
|--|
|  |
|--|

## CONTRACTOR'S OR LANDOWNERS CERTIFICATION

|  |
|--|
| This water well was constructed <input checked="" type="checkbox"/> reconstructed <input type="checkbox"/> pursuant to the stated water well contractor's license and was completed on 11/13/2024. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of Karst Water Well Drilling and Service, Inc., Kansas Water Well Contractor's License No. 199 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: Melvin Karst |
|--|

Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367  
(785) 296-3565 | K.S.A. 82a-1212 | v2022c

|            |   |
|------------|---|
| Form       | WWC5.2 - Water Well Record                  |
| Doc ID     | 1807763                                     |
| Well Owner | Derrick #1                                  |
| Contractor | Karst Water Well Drilling and Service, Inc. |

#### Lithology

| From | To  | Lithology Intervals      |
|------|-----|--------------------------|
| 0    | 2   | topsoil                  |
| 2    | 5   | clay,brown               |
| 5    | 32  | clay,Limestone           |
| 32   | 155 | shale,slightly weathered |
| 155  | 160 | clay,white               |
| 160  | 168 | clay,grayish,white       |
| 168  | 185 | clay,dark,gray           |
| 185  | 195 | clay,white,coal          |
| 195  | 200 | clay,white               |
| 200  | 292 | other,sandstone          |
| 292  | 300 | clay,red                 |