WATER WELL RECORD (WWC-5)

Constructed

KOLAR DOC ID 1660127 WELL ID

✓ Original Record ☐ Correction ☐ Change in Well Use

LOCATION OF WATER WELL

Latitude	37.692027	Longitude	-97.990016	Section	16	Township	27	Range	6 ☐E ✓W	Fraction	SW ¼ SW ¼ SW ¼
Datum	WGS84	Elevation	1471	County	Kingman						

WATER WELL OWNER

Name	David Lampe
Business	
Address	7337 NE 40th St. Kingman KS 67068
Well location ☐ at owner's address	3138 NE 70th Ave, Kingman, KS 67068

CONSTRUCTION

Borehole interval: from 0 to 100 ft.
from ____ to ____ ft.

Borehole diameter: 9 in.
____ in.

Casing height above land surface: 24 in.

If casing height is less than 12 in. has a variance been approved?* ☐ Yes ✓ No

*variance not required for monitoring or environmental remediation wells

Casing type: ThermalPlastic

Blank casing interval: 0 ft. to 20 ft.

Blank casing diameter: 5 in.

Casing joints: Glued

Weight: 160 lbs/ft.

Wall thickness or gauge no.: SDR-26

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 20 ft.

Grout material: Bentonite

Grout interval: ____ ft. to ____ ft.

Grout material: ____

Screen / perforation material: PVC

Screen / perforation openings: Continuous slot (

Screen / perforation intervals:

From 20 ft. to 100 ft.

Slot size .025 unit inches

From ____ ft. to ____ ft.

Slot size ____ unit ____

Gravel pack intervals:

Gravel pack not used: ☐ Gravel size ____ in

From 20 ft. to 100 ft.

Gravel pack not used: ☐ Gravel size ____ in

From ____ ft. to ____ ft.

WELL WATER USE

Domestic Livestock/Pasture

COMPLETION

Depth of completed well: 100 ft.

Depth(s) groundwater encountered:

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

(3) ____ ft.; (4) ☐ dry well

Static water level in well: 10 ft.

✓ measured below land surface on (mm/dd/yy): 08/11/2022

☐ measured above land surface on (mm/dd/yy): ____

Estimated yield: 10 gpm

Water level was: ____ ft. after ____ hours pumping ____ gpm

Pump installed? ✓ Yes ☐ No

Water well disinfected? ✓ Yes ☐ No

Date disinfected (mm/dd/yy): 08/11/2022

Aquifer, if known:

NEAREST SOURCE OF POTENTIAL CONTAMINATION

Source: Other (please specify)

Distance from well: 60 Direction from well: NW

Source description: Abandoned Cistern

Source: ____

Distance from well: ____ Direction from well: ____

Source description: ____

☐ No potential source of contamination within 100 feet.

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: ____

KDHE / EPA Project Code: ____

Site Name: Lampe

KDHE UIC Class V Form Completed: ☐ Yes ☐ No

County Permit: ☐ Yes ✓ No Permit ID: ____

Lease Name & Well #: ____

# of boreholes: ____ # of dewatering wells: ____

LITHOLOGIC LOG

FROM	TO	LITHOLOGY INTERVALS
0	3	topsoil
3	9	sand,medium
9	19	clay,sandy
19	100	shale,fractured,red,Some Blue Shale Also

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed ✓ reconstructed ☐ pursuant to the stated water well contractor's license and was completed on 08/11/2022. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on 09/02/2022 under the business name of H20 Drilling, Kansas Water Well Contractor's License No. 860 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: Mitchell Hall.

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