KOLAR DOC ID _____ WELL ID_

WATER WELL RECORD (WWC-5)

From _____ ft. to _____ ft.

LOCATION OF WATER WE	LL				C	Original Recor	d Correction	Change	e in Wel	l Use
Latitude	Longitude		Section	To	ownship	Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County							
WATER WELL OWNER		WE	L WATER U	SE			NEAREST SOURCE OF PO	TENTIAL CO	ONTAMIN	IATION
Name							Source:			
Business		COI	APLETION				Distance from well:		<u>l</u>	
		D _o	nth of comn	latad ruall.		ft.	from well:	from well	:	
Address			Depth of completed well:ft. Depth(s) groundwater encountered:			1t.	Source description:			
			(1) ft.; (2) ft.;							
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well				Source:	Direction		
							from well:	from well		
at owner's		Sta	Static water level in well: ft. measured below land surface				Source			
address			on (mm/dd		rrace		description:			
CONSTRUCTION			measured a	bove land su	rface		No potential source of within 100 feet.	of contamir	nation	
Borehole interval:	Borehole dia		on (mm/dd	/уу):			PERMIT & ID NUMBERS	(AS REQUI	RED)	
fromto ft in.			imated yield	l: g]	pm			(7.07.12.40.1	,	
fromto ft in.			Water level was:ft. afterhours				DWR Application No.:			
Casing height above land s	urface:		pumping gpm				KDHE / EPA Project Co			
If casing height is less than 12 in.			Pump installed? Yes No				Site Name:			
has a variance been approved?* Yes No			Water well disinfected? Yes No				KDHE UIC Class V Form	-		
*variance not required for monitoring or environmental remediation wells			Date disinfected (mm/dd/yy):				County Permit: Yes			
Casing type:			Date disiniected (min/dd/yy).				Lease Name & Well #:			
Blank casing interval:	ft. to	ft. Aq	uifer, if knov	vn:			# of boreholes: #	of dewater	ing wells:	
Blank casing diameter:	in.	LITH	IOLOGIC LO	OG						
Casing joints:		FF	ROM TO	LITHO	DLOGY IN	TERVALS				
Weight:l										
Wall thickness or gauge										
Blank casing interval:		ft.								
Blank casing diameter:										
Casing joints:										
Weight:lbs/ft.										
Wall thickness or gaug	e no.:									
Grout interval: ft.	toft.									
Grout material:										
Grout interval:ft. toft.			MENTS							
Grout material:										
Screen / perforation materi			ITD 4 6-0-		011111111	CEDTIFIC				
Screen / perforation openi						CERTIFICATION				
Screen / perforation interva			is water we				1			
Fromft. to					-		I certify that			
Slot size unit			-	_			vell record was complete			
Slot size unit										
Gravel pack intervals:		Ka	nsas Water	Well Cont	ractor's L	icense No	under the auth	ority of the	e designa	ated
Gravel pack not used:	Gravel size	in pe	rson as def	ined in K.A	.R. 28-30	-2(j) and signed	d and certified by the ele	ctronic sig	nature o	f the
From ft. to	ft.		signated pe	erson at its	submittal					
Gravel pack not used:	Gravel size	in Sen	d one copy to	WATER W	ELL OWN	ER and retain one	for your records. Fee of \$5.0	00 for each o	constructe	ed 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	1850338		
Well Owner	CURTIS STAMM		
Contractor	Blue Valley Drilling, Inc.		

Lithology

From	То	Lithology Intervals
0	6	clay,orange,soft
6	31	other,yellowish,soft,SANDST ONE
31	36	clay,gray,soft
36	57	other,tan,soft,SANDSTONE
57	70	clay,light,gray,soft
70	71	limestone,unknown,white,hard
71	77	shale,unknown,light,gray
77	78	limestone,unknown,hard