WATER WELL RECORD Form WWC-5 Division of Water										]	
		Correction		ge in Well Use		Resou	rces App. No.		Well ID		
				Fraction		Section	on Number	Township Numb			
County	son		4 SE4 SE	4 NW4	4 13 T 16 S R 4 DE DW						
2 WELL	OWNER: 1	ast Name:		First:	Street or	or Rural Address where well is located (if unknown, distance and					
Business:		Gehrk	e	David	direction f	rom nea	arest town or in	tersection): If at owne	r's address,	check here: 🛨	
Address: Address: 821 South D St											
				s ZIP: 67449							
3 LOCAT	<u>Heringt</u>	-011	State: NE	5 ZIP: 0 / 4 4 9	J		T				
WITH "		4 DEPTH	OF CON	<b>1PLETED WELL:</b>	49	ft.	5 Latitude	e:		(decimal degrees)	
SECTIO				Encountered: 1)							
N		2)	ft.	3) ft., or 4)	Dry We						
	WELL'S STATIC WATER LEVEL: 9'6''  □ below land surface, measured on (mo-day-yr						1	or Latitude/Longitude	_	.	
'											
NW	NWNE   Li above land surface, measured on (mo-d								10)		
w   **	* after hours pumping										
1 t	Well water was								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SW	SE	after		s pumping							
		Estimated Y	Estimated Yield:2.5 tgpm				6 Elevation:				
			ole Diameter:9 in. to49 ft. ar			Source:  Land Survey GPS Topographic Map					
1 mile  in. to ft.   Other											
7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID											
1. Domestic:							_	* * *		II	
	☐ Household 6. ☐ Dewatering: how many wells? ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
	Lawn & Garden       7. ☐ Aquifer Recharge: well ID         Livestock       8. ☐ Monitoring: well ID										
2. Irrigati								ed Loop			
3. Feedlo							· · · · · · · · · · · · · · · · · · ·				
4. Industr	ial		Recovery					r (specify):			
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:											
Water well disinfected? ★ Yes No											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other											
Casing diameter											
Casing height above land surface1.4 in. Weight2.0 0 lbs./ft. Wall thickness or gauge No 2.5 0											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Septic			ion: Lateral Line	es 🔲 Pit Privy			ivestock Pens	□ Insecti	cide Storage		
Sewer			Cess Pool	☐ Sewage L	agoon		uel Storage		oned Water		
<b>₩</b> Waterti	ight Sewer Li		Seepage Pit				ertilizer Storag		ell/Gas Well		
Direction from well?NQRTHEAST Distance from well?APPRQX3.0.0											
Direction fro											
10 FROM	ТО		LITHOLO		FROI	M	TO LI	THO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0	_1	DARK TO	P SOII	L							
1	<del>8</del> 12	BROWN C	LAY —								
8	12	LITE CO	LOR CI	AY							
25		LIMESTO	NE								
	26	LITE GR	AY SHA	LE							
26	31			MESTONE							
31	41.	GRAY SH			Notes	:					
41	49	LITE CO	LOR SE	IALE							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) .4./.1.3./.2.1 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 3.2.7 This Water Well Record was completed on (mo-day-year) 4./.1.6./.2.1 under the business name of .CENTRAL KANSAS DRILLING											
under my ju	urisdiction a	nd was comp	leted on (n	no-day-year) .4 /.1.	3/.2.1	and th	is record is t	rue to the best of m	y knowled	ge and belief.	
Nansas Wa	uciness now	ntractor's Lic	ense No PAT. ΚΊ	J.Z.( I his W ANSAS DRTI.T.	ater Well TNG	Keco	ru was comp	icled on (mo-day-y	car) 4/.7.6	<b>&gt;</b> /-∠-1······	
Mail	l white copy al	ong with a fee of	\$5.00 for each	ch constructed well to: K	ansas Denart	ment of	Health and En	vironment, Bureau of W	ater, GWTS	Section,	
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.											
		s.gov/waterwell/			KSA 82					17/10/2015	