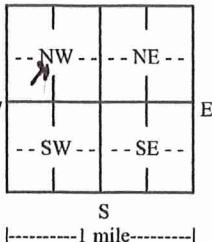


**WATER WELL RECORD Form WWC-5**

 Division of Water  
Resources App. No.

Well ID

 Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: WASHINGTON		Fraction SE ¼ SE ¼ NW ¼ NW ¼	Section Number 16	Township Number T 2 S	Range Number R 5 E W
<b>2 WELL OWNER:</b> Last Name: GOECKEL Business: Address: 709 S HOLLENBERG AVE. Address: City: HANOVER State: KS ZIP: 66945		Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input checked="" type="checkbox"/>			
<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  W E S		<b>4 DEPTH OF COMPLETED WELL:</b> 46 ft. Depth(s) Groundwater Encountered: 1) ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: 21 ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) 8/17/2023 <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... ft. Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: 30 gpm Bore Hole Diameter: 9 in. to 47 ft. and ..... in. to ..... ft.			
		<b>5 Latitude:</b> 39-52-54.40 N .....(decimal degrees) <b>Longitude:</b> 96-52-36.60 W .....(decimal degrees) <b>Horizontal Datum:</b> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input checked="" type="checkbox"/> GPS (unit make/model: GPS MINI .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: .....			
		<b>6 Elevation:</b> ..... ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other .....			

**7 WELL WATER TO BE USED AS:**

1. Domestic:	<input type="checkbox"/> Public Water Supply: well ID .....	<input type="checkbox"/> Oil Field Water Supply: lease .....
<input type="checkbox"/> Household	<input type="checkbox"/> Dewatering: how many wells? .....	<input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical
<input checked="" type="checkbox"/> Lawn & Garden	<input type="checkbox"/> Aquifer Recharge: well ID .....	<input type="checkbox"/> Geothermal: how many bores? .....
<input type="checkbox"/> Livestock	<input type="checkbox"/> Monitoring: well ID .....	a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
2. <input type="checkbox"/> Irrigation	<input type="checkbox"/> Environmental Remediation: well ID .....	b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water
3. <input type="checkbox"/> Feedlot	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction	13. <input type="checkbox"/> Other (specify): .....
4. <input type="checkbox"/> Industrial	<input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

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 JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 5 in. to 37 ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface 18 in. Weight 2.8 lbs./ft. Wall thickness or gauge No. .265

**TYPE OF SCREEN OR PERFORATION MATERIAL:**

<input type="checkbox"/> Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> Other (Specify) ..... <b>RECEIVED</b> .....
<input type="checkbox"/> Brass	<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Concrete tile	<input type="checkbox"/> None used (open hole)	

**SCREEN OR PERFORATION OPENINGS ARE:**

<input type="checkbox"/> Continuous Slot	<input type="checkbox"/> Mill Slot	<input type="checkbox"/> Gauze Wrapped	<input type="checkbox"/> Torch Cut	<input type="checkbox"/> Drilled Holes	<input type="checkbox"/> Other (Specify) ..... <b>SEP. 15. 2025</b> .....
<input type="checkbox"/> Louvered Shutter	<input type="checkbox"/> Key Punched	<input type="checkbox"/> Wire Wrapped	<input checked="" type="checkbox"/> Saw Cut	<input type="checkbox"/> None (Open Hole)	

SCREEN-PERFORATED INTERVALS: From 37 ft. to 46 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 25 ft. to 46 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From 4 ft. to 25 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

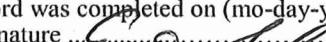
**Nearest source of possible contamination:**

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Lateral Lines	<input type="checkbox"/> Pit Privy	<input type="checkbox"/> Livestock Pens	<input type="checkbox"/> Insecticide Storage
<input type="checkbox"/> Sewer Lines	<input type="checkbox"/> Cess Pool	<input checked="" type="checkbox"/> Sewage Lagoon	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Abandoned Water Well
<input type="checkbox"/> Watertight Sewer Lines	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Fertilizer Storage	<input type="checkbox"/> Oil Well/Gas Well
<input type="checkbox"/> Other (Specify) .....				

Direction from well? **WEST** Distance from well? 300 ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	SANDY BROWN CLAY			
5	23	SILTY TAN CLAY			
23	35	GRAY CLAY			
35	38	FINE, MED. & COURSE SAND			
38	41	LIMESTONE			
41	47	GRAY SHALE & LIMESTONE			

Notes: EAST WELL. SUPPLY WELL. **RECEIVED**

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 8/17/2023 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 518 ..... This Water Well Record was completed on (mo-day-year) 9/2/2024 ..... under the business name of **BLUE VALLEY DRILLING INC.** ..... Signature ..... 

Mail 1 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.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

KSA 82a-1212

Revised 7/10/2015