<table>
<thead>
<tr>
<th>Owner:</th>
<th>Gobel Garen</th>
<th>Domestic, Livestock</th>
</tr>
</thead>
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<td>If location corrected, was listed as:</td>
<td>Location changed to:</td>
<td></td>
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<tr>
<td>Section-Township-Range:</td>
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<td></td>
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<tr>
<td>Fraction (¼ calls):</td>
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<tr>
<td>Other changes: Initial statements:</td>
<td>Well completion date cited as 05/12/2025</td>
<td></td>
</tr>
<tr>
<td>Changed to:</td>
<td>Well completion date now cited as 05/12/2023</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td>Well completion date changed by emailing business name associated with record.</td>
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</tr>
<tr>
<td>Verification method:</td>
<td>Confirmed by Blue Valley Drilling Inc.</td>
<td></td>
</tr>
<tr>
<td>Initials: RS</td>
<td>Date: 08/24/2023</td>
<td></td>
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</table>

Submitted by: [Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724] [Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367]
WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No. ___________________________ Well ID ___________________________

1 LOCATION OF WATER WELL:

County: WASHINGTON  
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: HWY 36 WEST OF WASHINGTON, KS TO ARROWHEAD ROAD, SOUTH 1 MI TO 16TH ROAD, THEN EAST APPROX 1/2 MI

2 WELL OWNER:

Last Name: GAREN  
First: GOEBEL  
Business:  
Address: 559 AVE  
City: REYNOLDS  
State: NE  
ZIP: 68429

3 LOCATE WELL WITH "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: ___167__ ft.

Depth(s) Groundwater Encountered:

1) __________ ft.  2) __________ ft.  3) __________ ft.  4) __________ ft.

WELL'S STATIC WATER LEVEL: ___59__ ft.

Pump test data: Well water was __________ ft.

after __________ hours pumping, __________ gpm

Well water was __________ ft.

after __________ hours pumping, __________ gpm

Estimated Yield: __________ gpm

Bore Hole Diameter: ___9__ in. to ___170__ ft. and ___ in. to ___ ft.

5 Latitude: ___39-48-03.90N__ (decimal degrees)

Longitude: ___97-20-44.39W__ (decimal degrees)

Horizontal Datum: WGS 84  
Source for Latitude/Longitude: GPS MINI  
(WAAS enabled? Yes No)

□ Land Survey  □ Topographic Map  □ Online Mapper

6 Elevation: __________ ft.  □ Ground Level  □ TOC

Source: □ Land Survey  □ GPS  □ Topographic Map  □ Other

Was a chemical/bacteriological sample submitted to KDHE? □ Yes □ No  
If yes, date sample was submitted: ___________________________

7 WELL WATER TO BE USED AS:

□ Household  □ Irrigation  □ Livestock  □ Other  □ Aquifer Recharge  □ Monitoring  □ Groundwater

Was well disinfected? □ Yes □ No

8 TYPE OF CASING USED:

□ Steel  □ PVC  □ Other  □ Glued  □ Clamped  □ Welded  □ Threaded

Casing diameter __________ in. to __________ ft.  Diameter __________ in. to __________ ft.

Casing height above land surface __________ in.  Weight __________ lbs./ft.

Wall thickness or gauge No. __________

9 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 __________ ft. to __________ ft.

GRAVEL PACK INTERVALS: From __________ ft. to __________ ft.

9 GROUT MATERIAL:

□ Neat cement  □ Cement grout  □ Bentonite  □ Other

Grout Intervals: From __________ ft. to __________ ft.

Nearest source of possible contamination:

□ Septic Tank  □ Lateral Lines  □ Pit Privy  □ Livestock Pens  □ Insecticide Storage

□ Sewer Lines  □ Cess Pool  □ Sewage Lagoon  □ Fuel Storage  □ Abandoned Water Well

□ Watertight Sewer Lines  □ Seepage Pit  □ Feedyard  □ Fertilizer Storage  □ Oil Well/Gas Well

□ Other (Specify)

Direction from well? NONE PRESENT

10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) OR PLUGGING INTERVALS

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>LITHOLOGIC LOG</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>BROWN TOPSOIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>12</td>
<td>LIGHT BROWN CLAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>25</td>
<td>YELLOW LIMESTONE &amp; SHALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>141</td>
<td>GRAY CLAY</td>
<td></td>
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<td>141</td>
<td>152</td>
<td>RED CLAY</td>
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<td>SANDSTONE</td>
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<tr>
<td>166</td>
<td>171</td>
<td>RED CLAY</td>
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</tbody>
</table>

Notes:

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) __________. This Water Well Record was completed on (mo-day-year) __________.

陕西卫生气校

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, GWT 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.

KSA 82A-1212  Revised 7/10/2015