WATER WELL RECORD  Form WWC-5

1 LOCATION OF WATER WELL:
County: NEMAH

2 WELL OWNER: Last Name: LUEGER  First: DON
Street or Rural Address where well is located (if unknown, and direction and distance from nearest town or intersection): APPROX. 1 MILE SOUTHWEST OF SENECA KS CITY LIMITS.

3 LOCATE WELL WITH "X" IN SECTION BOX:
4 DEPTH OF COMPLETED WELL: 45 ft.
Depth(s) Groundwater Encountered: 1) 45 ft. 2) 31 ft. 3) 16 ft. or 4) Dry Well
WELL'S STATIC WATER LEVEL: 13 ft. 3/8/2024
Pump test data: Well water was measured:
after ________ hours pumping ________ gpm
Well water was measured:
after ________ hours pumping ________ gpm
Estimated Yield: __________ gpm
Bore Hole Diameter: 10 in. to 45 ft. and ________ in. to ________ ft.

Horizontal Datum: WGS 84  NAD 83  NAD 27
Source for Latitude/Longitude: GPS (unit make/model: ...)
(WAAS enabled? Yes No)
Land Survey Topographic Map Online Mapper:

6 Elevation: ________ ft. Ground Level TOC Source: Land Survey GPS  Topographic Map Other:

7 WELL WATER TO BE USED AS:

Grout Intervals: From ________ ft. to ________ ft. From ________ ft. to ________ ft.

Nearest source of possible contamination:
15. Other (Specify): ________

8 TYPE OF CASING USED: 5. Steel 6. PVC Other:
Casing diameter: ________ in. to ________ ft. Diameter: ________ in. to ________ ft.
Casing height above land surface: ________ in.  Weight: ________ lbs./ft. Wall thickness or gauge No: ________

Grout Intervals: From ________ ft. to ________ ft. From ________ ft. to ________ ft.

Nearest source of possible contamination:
15. Other (Specify): ________

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) 4/8/2024, 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) 4/15/2024, 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.

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