| WATER WELL RECORD   | Form WWC-5  |              | Division of Wate                       | r Resources; App. No.∟                               |  |  |
|---|---|--------------|--|--|--|--|
| 1 LOCATION OF WATER WELL:<br>County: SALINE   | Fraction NE NW SE   |              | ection Number                          | Township Number T / S                                | Range Number<br>R <b>2 W</b> E/W       |  |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems   |   |              |  |  | ees, min. of 4 digits)                 |  |
| located within city? 1400 Couerney  |   |              | Latitude:                              |  |  |  |
| 2 WATER WELL OWNER: DAVID GECHTER   |   | El           | Elevation:                             |  |  |  |
| RR#, St. Address, Box # : 1400 Coultwey City, State, ZIP Code : COL   |   |              | Datum:                                 |  |  |  |
| Brillion Rd 6'45' Data Conection Method.  |   |              |  |  |  |  |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL   |   |              |  |  |  |  |
|   | vater Encountered (1)   | 20           | ft. (2)                                | ft. (3)  | ft.                                    |  |
| SECTION BOX: WELL'S STATIC  | Depth(s) Groundwater Encountered (1)  |              |  |  |  |  |
| N Pump test   | Pump test data: Well water was 2.3 ft. after hours pumping 2.0 gpm                  |              |  |  |  |  |
| WEILWATED 1   | Est. Yieldgpm: Well water wasft. after  |              |  |  |  |  |
| W  =  W | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) |              |  |  |  |  |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well   |   |              |  |  |  |  |
| Was a chemical/b  | acteriological sample submi   | itted to Der | partment? Vec                          | $N_0$ $\mathbf{X}$ .                                 | If yes molday/yrs                      |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted  |   |              |  |  |  |  |
| s   |   |              |  |  |  |  |
| 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued  |   |              |  |  |  |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded   |   |              |  |  |  |  |
| 2 PVC 4 ABS 7 Fiberglass Threaded.  Blank casing diameter in. to 4.2 ft., Diameter in. to ft., Diameter in. to ft.  Casing height above land surface in., Weight 160 lbs./ft. Wall thickness or guage No. 5.26 2.6  |   |              |  |  |  |  |
| Casing height above land surface. 14 in., Weight. 160 lbs./ft. Wall thickness or guage No. 500 26   |   |              |  |  |  |  |
| THE OF SCREEN OR FERFORATION MATERIAL:  |   |              |  |  |  |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)   |   |              |  |  |  |  |
| SCREEN OR PERFORATION OPENINGS  | ARE:  |              |  | ` *  | ,                                      |  |
| 1 Continuous slot 3 Mill slot 2265 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)   |   |              |  |  |  |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  |   |              |  |  |  |  |
| SCREEN-PERFORATED INTERVALS: From ft. to ft.  |   |              |  |  |  |  |
| From  |   |              |  |  |  |  |
| From ft. to ft., From ft. to ft.  |   |              |  |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  |   |              |  |  |  |  |
| Grout Intervals: From   |   |              |  |  |  |  |
| What is the nearest source of possible contamination:   |   |              |  |  |  |  |
|   |   |              |  | 16 Other (specify                                    |  |  |
| 3 Watertight sewer lines 6 Seepage r  | First First Colon,  |              |  |  |  |  |
| Direction from well?  |   |              | et? 4.0                                |  |  |  |
| FROM TO LITHOLO  O 3 FILL DIET  | OGIC LOG  | FROM         | ТО                                     | PLUGGING INTE  | RVALS                                  |  |
| O 3 FILL DIET 3 20 CLAY TAN S.  | u TV  |              |  |  |  |  |
| 20 49 SAND FINE   | TO MED TAN  |              |  |  |  |  |
| 20 49 SANS FINE   |   |              |  |  |  |  |
|   |   |              |  |  |  |  |
|   |   |              |  |  |  |  |
|   |   |              |  |  |  |  |
|   |   |              |  |  |  |  |
|   |   |              |  |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged   |   |              |  |  |  |  |
| under my jurisdiction and was completed on (mo/day/year)  |   |              |  |  |  |  |
| under the business name of Protinces Pump See. by (signature) Poul I vertice  |   |              |  |  |  |  |
| INSTRUCTIONS: Use typewriter or ball point pen.   | PLEASE PRESS FIRMLY and PRI   | INT clearly. | Please fill in blanks,                 | underline or circle the cor                          | r ct answers. Send top                 |  |
| three copies to Kansas Department of Health and Enviro<br>785-296-5522. Send one to WATER WELL O  | onment, Bureau of Water, Geology<br>OWNER and retain one for                        | Section, 100 | 0 SW Jackson St., St. Is. Fee of \$5.0 | uite 420, Topeka, Kansas 6<br>0 for each constructed | 6612-1367. Telephone well. Visit us at |  |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.  |   |              |  |  |  |  |