

1 LOCATION OF WATER WELL: Fraction **SW 1/4 SW 1/4 NW 1/4** Section Number **9** Township Number **T 11 S** Range Number **R 21** **EW**

County: **Leavenworth**

Distance and direction from nearest town or city street address of well if located within city?
327 West Street, Tonganoxie, Kansas

2 WATER WELL OWNER: **Ron Brummit**
 RR#, St. Address, Box # : **P.O. Box 705**
 City, State, ZIP Code : **Leavenworth, Kansas 66048**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

S

4 DEPTH OF COMPLETED WELL **14.5** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 **5.0** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL **4.97** ft. below land surface measured on mo/day/yr **07/26/07**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **8.5** in. to **14.5** ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feed lot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
9 Dewatering	12 Other (Specify below)	10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass		Welded _____ Threaded X

Blank casing diameter **2.375** in. to **3.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **14.5** ft. to **3.5** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **14.5** ft. to **2.5** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement **2 Cement grout** **3 Bentonite** 4 Other _____

Grout intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **2.5** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/ Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? **Northwest** How many feet? **45**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	4.0		Black-dark gray silty clay, gravelly, firm, slightly moist; slight heavy hydrocarbon odor
4.0	6.0		Dark gray-olive gray silty clay, gravelly, firm, very moist, wet @5'
6.0	7.0		Olive brown silty clay, slightly gravelly, mottled black, iron oxides, firm, wet
7.0	8.0		Brown silty clay, slightly gravelly, mottled black, iron oxides, firm, wet
8.0	10.0		Brown weathered shale, slightly gravelly, slightly calcareous, very firm, slightly moist
10.0	14.5		Brown shale, calcareous I/P, hard, dry
Flush-mount well completion waiver existent for site.			

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/yr) **07/25/07** and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **08/01/07**

under the business name of **Quad State Services, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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