WATER WELL	RECORD	Form WV				on of Water			MW12D	
X Original Record	Correction	Change i	n Well Ust		Resource	ces App. No.		Well ID	MW13R	
1 LOCATION	F WATER WELL	L:	Fraction		1	Section Numb	•		Number	
County Wash	ington		NW ¼ NW ¼	NW ¼ N		12	T 3	·	3 X E W	
	CR: Last Name: Leisz	der	First: Alison				ell is located (if unk			
Business: Leiszler Oil from nearest town or intersection): If at owner's address, check here: Address: 635 W. Crawford 220 E 7th St., Washington, KS										
Address: 635 W. Crawford 220 E 7th St., Washington, KS Address:										
	Clay Center S	tate: KS	ZIP:							
3 LOCATE WEL	L 4 D	EPTH OF CO	MPLETED WELL:	34 ft	5	Latitude:	19963	***************************************	ecimal degrees)	
WITH "X" IN	Depth(s	s) Groundwater	Encountered: 1)	ft	1	Longitude		***************************************	cimal degrees)	
SECTION BOX	: 2)	ft 3) ft, or 4)	Dry Well			Datum: WGS		83 NAD 27	
N N							Latitude/Longitude	•	,	
x		_	unit make/model: AAS enabled?	Yes No)					
NW NE NE Dabove land surface, measured on (mo-day-yr) NE Pump test data: Well water was ft						_ `	Survey Topog		,	
after hours pumping gpm										
w	E	W	ater well was	ft						
sw	SE at	fterh	ours pumping	gpm	6	Elevation		Ground L	evel X TOC	
3w —	Estin	nated Yield:	gpm			Source X	Land Survey	GPS	Topographic Map	
	Bore	Hole Diameter:	7.25 in to	ft, and			Other			
S			in to	ft						
7 WELL WATER TO BE USED AS:										
1 Domestic:		Public Water Su	pply: well ID		10	Oil Field V	Water Supply: leas	e		
Household		Dewatering: ho			-	Test Hole: wel				
==	Lawn & Garden 7 Aquifer Recharge: well ID				Cased Uncased Geotechnical					
Livestock					12 Geothermal: How many bores?					
2 Irrigation						a) Closed Loop Horizontal Vertical				
3 Feedlot		Air Sparge	Soil Vapor Extrac	tior	_1	b) Open Loop		ischarge	Inj. of Water	
4 Industrial	F	Recovery	Injection			Other (spe	cify):	***************************************		
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:										
Water well disinfected? Yes X No										
8 TYPE OF CASING USED: Steel X PVC Other CASING JOINTS: Glued Clampled Welded X Threaded										
Cocing diameter 2 in to 19 ft Diameter in to ft Diameter in to ft										
Casing height above land surface -0.29 in. Weight lbs./ft. Well thickness or gauge No										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
Steel Stainless Steel Fiberglass X PVC Other (Specify)										
Brass Galvanized Steel Concrete tile None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
Continuous Slot X 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 19 ft. to 34 ft, From ft. to ft, From ft. to ft,										
SCREEN-PERFORAT	ED INTERVALS: 1	From 19	ft. to 34 ft,	From	ft. 1	to	ft, From	ft. to	ft,	
			ft. to 34 ft,					ft. to	ft,	
9 GROUT MATERI			ement grout X Ber			Concrete: 0-0.5			***************************************	
Grout intervals: From 0.5 ft. to 17 ft, From ft. to ft, From ft. to ft,										
Nearest source of pos			_							
Septic Tank	=	ateral Lines	Pit Privy			ck Pens	Insecticide	-		
Sewer Lines	=	Cess Pool	Sewage Lagoo	n 🗓	Fuel St	•	==	d Water Well		
Watertight Sewe	Lines S	eepage Pit	Feedyard		Fertiliz	er Storage	Oil Well /	Gas Well		
Other (Specity)			D:-t f				£			
10 FROM TO	T. 3	LITHOLO	GIC LOG	FRO)M	TO	LITHO. LOG (co	nt.) or PLUGGI	IG INTERVALS	
0 1	Topsoil Clay									
10 20	Loamy clay									
20 24	Sandy clay									
24 25	Sand									
25 28	Sandy clay									
28 34	Sand						rt Stop; U5-101-00		i n	
Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDHE.										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, or plugged under my										
ı	ompleted on (mo-day-		27/17 and this record							
License No		Water Well Reco	ord was completed on (n	no-day-year)	12/6/17					
I under the business no	me of Largen & Acc	ociates Inc			•	Signature				
		ee of \$5.00 for ea	ch constructed well to: Ka	nsas Department	of Healtl					
l .			s 66612-1367. Mail one to		ner and re	etain one for you	r records i elephone			
Visit us at http://ww	w.kdheks.gov/waterwell/	index.html	KSA 82	1-1212				Revised	7/10/2015	