WATEI	12994 R WFI	I VV-4-15 I. RECORD	Form W	WC-5	Divi	ision of Water	r Resources App. No	,		
WATER WELL RECORD 1 LOCATION OF WATER WELL:			Fraction					Range 1	Number	
County: Leavenworth			1/4 CE 1/4 SE			19	T 8 S	R 21	🛛 E 🔲 W	
Street/Rural Address of Well Location; if unknown, distance & direction						Global Positioning System (GPS) information:				
from nearest town or intersection: If at owner's address, check here					Latitude: 39.341108 (in decimal degrees)					
Approximately 2 miles south of the intersection of 231st St. and					Longitude: -95.114539 (in decimal degrees) Elevation: Unknown					
Broad St. on the west side of the road in Easton.					Datum: WGS 84, NAD 83, NAD 27					
2 WATER WELL OWNER: City of Easton					Collection Method:					
RR#, Street Address, Box #: 300 W. Riley St.						PS unit (Mak	e/Model: WAAS)	
City, State, ZIP Code : Easton, KS 66020					Est. Ac	curacy: \square <	oto, 🔲 Topographic 3 m, 🔀 3-5 m, 🔲	5-15 m.	>15 m	
3 LOCATE WELL							,			
WITH AN "X" IN SECTION BOX: Denth(s) Groundwater Encountered (1) ### (2) ### (2)									•	
Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL 9.38 ft. below land surface measured on mo/day/yr 09/09/15										
	1	Pump	test data: Well wate	rwas not che	cked ft.	after	hours numr	19/91 : 3ino	gnm	
N	' W N	EST. YIELD	gpm. Well wate	r was	ft. a	after	hours pum	ping		
w 1 1 E Bore Hole Diameter 9 in. to 60 ft., and in. to ft.										
	WELL WATER TO BE USED AS: Public water supply Geothermal Injection well									
SWSE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)										
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Test Well Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☒ No										
S If yes, mo/day/yr sample was submitted										
5 TYPE OF CASING USED: Steel PVC Other										
CASING IOINTS: M Glued Clamped Welded Threaded Other (Specify)										
Casing diameter 5 in. to 51 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No214										
Casing height above land surface 24 in., Weight 2.36 lbs./ft., Wall thickness or gauge No214										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
Continuous slot Mill slot										
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)										
From ft to ft From ft to ft										
From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.										
From ft. to ft., From ft. to ft.										
6 CROUT MATERIAL: Neat cement Cement group Bentonite Other										
Grout Intervals: From 0 ft. to 31 ft., From ft. to ft., From ft. to ft.										
		st source of possible conta k		Livestock p	ens F	Insecticide	storage Minth	er (specify	v helow)	
	Sewer lin		Sewage lagoon	Fuel storag		Abandoned	water well		,	
	_	_ : : :		Fertilizer s		_	s well	None K	nown	
	tion fron			Distance						
FROM	TO	LITHOLOG	IC LOG	FROM	TO	LITHO. LC	OG (cont.) <u>or</u> PLU	GGING	INTERVALS	
0	4	Topsoil Clay, brown								
7	17	Clay, blown		1						
17	49	Clay, dark gray								
49	51	Sand, very fine to fine		1 1						
51	57	Sand, fine to coarse, v								
		gravel, clay streak at	52'							
57	60	Shale, gray, hard								
7.00315	ED A COS	IDIC OD I LEIDOUSES	te cenarero caro	N. T'				4-1	—	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 09/09/15 and this record is true to the best of my knowledge and belief.										
unaci in	y janibare	ell Contractor's License No	1 (1110) day [5] car)				on (mo/day/year)		9/15/15	
under the	e busines	s name of Clarke	e Well & Equipmen	t, Inc.	by (sig	mature) V_{Ξ}^{2}	de Cha			
			n. <u>PLEAȘE PRESS FIRMI</u>	Y and PRINT o	learly. Plea	ase fill in blank	s and check the correc	t answers.	Send three copies	
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at										