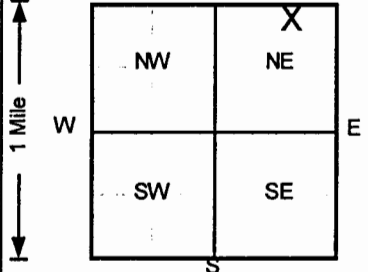


1 LOCATION OF WATER WELL: County: **Leavenworth** NW NE SE SW Fraction: **NW ¼** NE ¼ NE ¼ Section Number: **35** Township Number: **T 8 S** Range Number: **R 22** **EW**

Distance and direction from nearest town or city street address of well if located within city?
210 S. Broadway, Leavenworth, Kansas

2 WATER WELL OWNER: **Thomas Oil Company**
RR#, St. Address, Box # : **1313 Vilas** Board of Agriculture, Division of Water Resources
City, State, ZIP Code : **Leavenworth, Kansas 66048** Application Number:

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



4 DEPTH OF COMPLETED WELL: **15** ft ELEVATION: **781.09**
Depth(s) Groundwater Encountered 1. _____ ft 2. _____ ft 3. _____ ft
WELL'S STATIC WATER LEVEL: **10.97** ft below land surface measured on **10/24/97**
Pump test data: Well water was **NA** ft after _____ hours pumping _____ gpm
Est Yield **NA** gpm; Well water was _____ ft after _____ hours pumping _____ gpm
Bore Hole Diameter: **8** in. to **15** ft, and _____ in. to _____ ft
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only **10 Monitoring well**
Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes _____ No

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded _____
Blank casing diameter: **2** in. to **5** ft, Dia _____ in. to _____ ft, Dia _____ in. to _____ ft
Casing height above land surface: **-3.96** in., weight _____ lbs./ft. Wall thickness or gauge No. _____
Threaded.

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

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

SCREEN-PERFORATED INTERVALS: From **5** ft to **15** ft, From _____ ft to _____ ft
From _____ ft to _____ ft, From _____ ft to _____ ft
GRAVEL PACK INTERVALS: From **3** ft to **15** ft, From _____ ft to _____ ft
From _____ ft to _____ ft, From _____ ft to _____ ft

6 GROUT MATERIAL: 1 Neat cement **2 Cement grout** **3 Bentonite** 4 Other _____
Grout Intervals: From **0** ft to **1** ft, From **1** ft to **3** 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)**
Former UST Basin
Direction from well? **West** How many feet? **160**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Gravel,			
1	5	Clay, Dark Brown			
5	15	Clay, Brown			

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) **10/22/97** and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **11/13/97**
under the business name of **GeoCore Services, Inc.** by (signature) *Joe Rall*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.