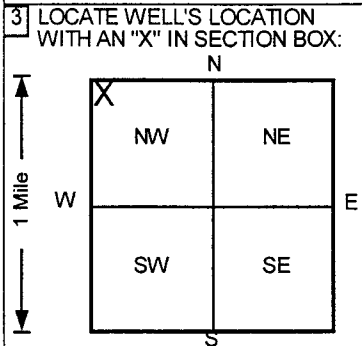


1 LOCATION OF WATER WELL: Fraction NW 1/4 NW 1/4 NW 1/4 Section Number 13 Township Number T 8 S Range Number R 22 **E/W**

County: **Leavenworth**

Distance and direction from nearest town or city street address of well if located within city?
Disiplinary Barracks, Fort Leavenworth, Kansas

2 WATER WELL OWNER: DPW - Environmental
 RR#, St. Address, Box #: 841 McClellan Ave. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Fort Leavenworth, Kansas 66027 Application Number:



4 DEPTH OF COMPLETED WELL **43** ft ELEVATION: **863.4**

Depth(s) Groundwater Encountered 1. ft 2. ft 3. ft

WELL'S STATIC WATER LEVEL . . **13.62** ft below land surface measured on mo/day/yr **10/29/98**

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 **43** 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

12 Other (Specify below)

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	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded. <input checked="" type="checkbox"/>

Blank casing diameter **2** in. to **22.6** ft, Dia in. to ft, Dia in. to ft

Casing height above land surface **0** in., weight **Sch 40** lbs./ft. Wall thickness or gauge No.

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 . . . **22.6** ft. to **42.6** ft, From ft to ft

From ft to ft, From ft to ft

GRAVEL PACK INTERVALS: From . . . **19.8** ft. to **43** 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 . . . **3** ft to . . . **19.8** ft, From ft to 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)

Direction from well? **SE**

How many feet? **450**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Silt, Brown			
2	33	Silt, Yellow Brown			
33	40	Sand, Yellow Brown			
40	43	Shale, Pale Olive			
					DBM15, Tag #, Flushmount
					Project Name: BM - Ft. Leavenworth
					GeoCore # 648, #

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) **10/20/98** 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) **11/20/98** under the business name of **GeoCore Services, Inc.** by (signature) *Odele Roll*

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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EM

SEC.

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