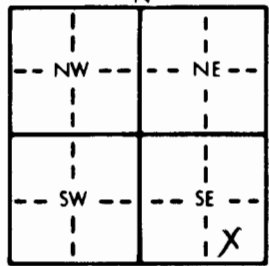


1 LOCATION OF WATER WELL: County: <u>Leavenworth</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>22</u>	Township Number T <del>27N</del> <u>28N</u>	Range Number R <u>22</u> <del>21W</del>
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Distance and direction from nearest town or city street address of well if located within city?  
1300 Metropolitan Ave Leavenworth KS

2 WATER WELL OWNER:  
RR#, St. Address, Box #: US Federal Bureau of Prisons Board of Agriculture, Division of Water Resources  
City, State, ZIP Code: \_\_\_\_\_ Application Number: \_\_\_\_\_

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL... <u>38.5</u> ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1. <u>33.0</u> ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm; Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter... <u>8.14</u> in. to <u>38.5</u> 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 <input checked="" type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>
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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  Other (specify below) \_\_\_\_\_ Welded \_\_\_\_\_  
7 Fiberglass Stainless Steel Threaded

Blank casing diameter 2" in. to 28.5 ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
Casing height above land surface \_\_\_\_\_ in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. 304

TYPE OF SCREEN OR PERFORATION MATERIAL:  
1 Steel  Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement  
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) \_\_\_\_\_  
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 38.5 ft. to 28.5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From 38.5 ft. to 26.0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout  Bentonite  Other Concrete  
Grout Intervals: From 26.0 ft. to 2.0 ft., From 2.0 ft. to 0.0 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  Other (specify below) Poss. Landfill  
13 Insecticide storage

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	2.0	Dark Brown lean Clay			
2.0	32.0	Brown Lean-Fat Clay			
32.0	37.5	Brown Sandy Lean-Fat Clay w/gravel			
37.5	38.5	Shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 12/10/91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 516 This Water Well Record was completed on (mo/day/yr) 12/10/91 under the business name of Geosystems Engineering Inc by (signature) \_\_\_\_\_

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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