

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Leavenworth</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>22</u>	<u>8-52N S</u>	<u>R 22 EW</u>

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 # : <u>US Federal Bureau of Prisons</u> City, State, ZIP Code :	<p align="right"><u>MW 37</u> Board of Agriculture, Division of Water Resources Application Number:</p>
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL. <u>18.0</u> ft. ELEVATION:
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Depth(s) Groundwater Encountered 1 Dry ft. 2. . . . . ft. 3. . . . . ft.

WELL'S STATIC WATER LEVEL 999/N/A 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. 8 1/4 . . . . . in. to . . . . . 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
		<input checked="" type="checkbox"/> 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:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued . . . . . Clamped . . . . .
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1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded . . . . .
2 PVC	4 ABS	7 Fiberglass	<u>Stainless Steel</u>	Threaded. <input checked="" type="checkbox"/>

Blank casing diameter 2 . . . . . in. to 8.0 . . . . . 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:		7 PVC	10 Asbestos-cement
<input checked="" type="checkbox"/> 1 Steel	<input checked="" type="checkbox"/> 3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
			11 Other (specify)
			12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<input checked="" type="checkbox"/> 4 Mill slot	6 Wire wrapped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 18.0 . . . . . ft. to 8.0 . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

GRAVEL PACK INTERVALS: From 18.0 . . . . . ft. to 6.0 . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	<input checked="" type="checkbox"/> 4 Other <u>Concrete</u>
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Grout Intervals: From 6.0 . . . . . 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	16 Other (specify below)
			13 Insecticide storage	<u>Pass Landfill</u>

Direction from well? . . . . . How many feet? . . . . .

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0.0</u>	<u>2.0</u>	<u>Dark Brown Lean Clay</u>			
<u>2.0</u>	<u>5.0</u>	<u>Yellow Brown Lean Clay</u>			
<u>5.0</u>	<u>16.0</u>	<u>Light Brown Lean Clay</u>			
<u>16.0</u>	<u>18.0</u>	<u>Brown weathered shale</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-11-92</u> . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>516</u> . . . . . This Water Well Record was completed on (Mo/day/yr) <u>3-20-92</u> . . . . . under the business name of <u>Geosystems Engineering Inc</u> . . . . . by (signature)
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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.