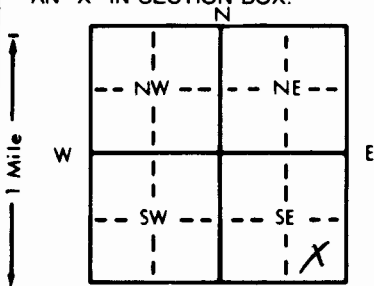


WATER WELL RECORD Form WWC-5 KSA 82a-1212

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: <u>T 8 S 20 N</u>	Range Number: <u>R 22 EW</u>
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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 #: <u>US Federal Bureau of Prisons</u> City, State, ZIP Code:	MW38 Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>37.0</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1. <u>18.0</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 1/4</u> 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only <input checked="" type="radio"/> 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) 2 PVC 4 ABS	5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) <u>Stainless Steel</u> 7 Fiberglass	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <input checked="" type="checkbox"/>
Blank casing diameter <u>2</u> in. to <u>27.0</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>304</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="radio"/> 1 Steel <input checked="" type="radio"/> 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: 1 Continuous slot <input checked="" type="radio"/> 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 <u>37.0</u> ft. to <u>27.0</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From <u>37.0</u> ft. to <u>25.0</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> Bentonite <input checked="" type="radio"/> Other <u>Concrete</u>	Grout Intervals: From <u>25.0</u> ft. to <u>2.0</u> ft., From <u>2.0</u> ft. to <u>0.0</u> ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) <u>Pass Landfill</u>
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	4.0	Dark Brown Lean Clay			
4.0	10.0	Yellow Brown Lean Clay			
10.0	35.0	Light Gray Lean Clay			
35.0	37.0	Yellow Brown weathered shale			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3/10/92</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) <u>[Signature]</u>
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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.