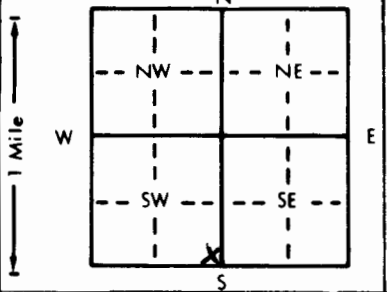


1 LOCATION OF WATER WELL: Fraction SE 1/4 SW 1/4 SW 1/4 Section Number 23 Township Number T 8 N Range Number R 22 E
 County: LEAVENWORTH

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: U.S. FEDERAL BUREAU OF PRISONS
 RR#, St. Address, Box #: _____ 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 25.0 ft. ELEVATION: 883.58
 Depth(s) Groundwater Encountered 1. DRY ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 19.8 ft. below land surface measured on mo/day/yr 3-29-91
 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 7.25 in. to 25.0 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 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass STAINLESS STEEL Threaded
 Blank casing diameter 2 in. to 15.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 36 in., weight _____ lbs./ft. Wall thickness or gauge No. 304

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
 1 Steel 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 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 25.0 ft. to 15.0 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25.0 ft. to 13.0 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout intervals: From 13.0 ft. to 2.0 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 13 Insecticide storage Other (specify below) POSS. LAND FILL

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0.0</u>	<u>0.5</u>	<u>TOPSOIL</u>			
<u>0.5</u>	<u>20.0</u>	<u>LEAN CLAY</u>			
<u>20.0</u>	<u>25.0</u>	<u>Highly Weathered SHALE</u>			

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) 3-21-91 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) 4-20-91 under the business name of GEOSYSTEMS ENGINEERING INC by (signature) [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.

MW-2

OFFICE USE ONLY
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SEC
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