WA*	TER WELL RECORD	Form WWC-5	KSA 82a-1	212 PLUG	Gina	REPORT
OF WATER WELL: Fraction			on Number	Township No		Range Number
GIRAY Leavenworth SC	4 St 4 NW		8	TOB	s	R 22 EW
e and direction from nearest town or city stree	address of well if located	within city?			eny o	F
16758 DAKOTA	OR 1	Possun	1-HOL	- RD:	LUAVE	NWORTH
2 WATER WELL OWNER: MAJOR	SPENCER					
RR#, St. Address, Box # : 16758 Dr	4.KOTA DR.			Board of A	griculture, D	Ivision of Water Resource
City, State, ZIP Code : Leaven WORTH	KAN. 66048	-		Application		
J LOCATE WELL'S LOCATION WITH 4 DEPTH OF	COMPLETED WELL	30'	t FLEVAT			**************************************
	andwater Encountered 1.					
The state of the s	TIC WATER LEVEL 2					
	ump test data: Well wate		•			
1 1 NW1 Nt 1	gpm: Well wate		•		•	
'	ameterin. to					
- W		5 Public water		Air conditioning		njection well
Domes		6 Oil field water		Dewatering		Other (Specify below)
SW SE 2 Irrigation				Observation we		
	al/bacteriological sample s	_	-			
1 mitted	· · · · · · · · · · · · · · · · · · ·		•	er Well Disinfecte	-	No
5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concre				Clamped
1 Steel 3 RMP (SR)	6 Asbestos-Cement		specify below)			d
2 PVC 4 ABS	7 Fiberglass					ded
Blank casing diameter in. to		in. to		ft., Dia	1	n. to
Casing height above land surface						
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC			estos-ceme	
1 Steel 3 Stainless steel	5 Fiberglass	8 RMI	P (SR)			··
2 Brass 4 Galvanized steel	6 Concrete tile	9 ABS			ne used (ope	
SCREEN OR PERFORATION OPENINGS ARE:		ed wrapped		8 Saw cut		11 None (open hole)
1 Continuous slot 3 Mill slot		wrapped		9 Drilled holes		,
2 Louvered shutter 4 Key punched	7 Torch				/)	
	ft. to			• •	•	
	ft. to					· · · · · · · · · · · · · · · · · · ·
	ft. to					
From	ft. to		ft., From		ft. to	
6 GROUT MATERIAL: 1 Neat cement						
Grout Intervals: From				ft., From		. ft. to
What is the nearest source of possible contamination.			10 Livesto			andoned water well
1 Septic tank 4 Lateral lines	7 Pit prlvy		11 Fuel st	•	15 Oi	well/Gas well
2 Sewer lines 5 Cess pool	8 Sewage lage	oon	12 Fertiliz	er storage	16 O	her (specify below)
3 Waterlight sewer lines 6 Seepage pit	9 Feedyard		13 Insecti	cide storage		
Direction from well? South EAST			How many	y feet?	35	
FROM TO LITHOLOG		FROM	TO		LITHOLOG	C LOG
30' 27' SAND Grav	rel	_				
11. TON				_ + =	-100m	The second of the second
	rout					<u> </u>
ZLL 23'67	-			المراقع الماسية		
23'6' -0- SOIL (LLAY						
		_		JA	N 2 3 19	92
	2 4 3					
DISINFÉCT	3 GAL BLE	ACTI			ISION	<u> </u>
					DOM	OF
	·			T 1 / V 1	RONM	ENT
		_				
		_				
			·			
						:
CONTRACTOR'S OR LANDOWNER'S CERTIFIC	ATION: This water well w	as (1) construc	ted, (2) recon	nstructed, or ((3)	olugged und	er my jurisdiction and wa
completed on (mo/day/year)			and this record	d is true to the be	st of my kno	wiedge and bellef. Kansa
Water Well Contractor's License No	This Water V	rell Hecord was			W. C.	AND
under the business name of INSTRUCTIONS: Use typewriter or ball point pen. PLEASE F	DRESS FIRM V and DRINT ala	arly Plance fill in t	by (signatu	ure)	answers Sen	1 top three copies to Kansas
Department of Health and Environment, Bureau of Water Pro	otection, Topeka, Kansas 6662	0-7320, Tolephon	a: 913-862-9360	D. Send one to WAT	ER WELL OW	NER and retain one for your
records.						