٧	VATER WE	NG RECO	IG RECORD		WC-5P	KSA 82a-1212	ID No	MW-3	
1 LOCATI	ON OF WAT	ER WELL:	Fraction	<u> </u>		.,	Section Number	Township Number	Range Number
County:	Leave	nworth	SE	1/4 SV	V 1/4	NE 1/4	35	8	22-East
Distance and direction from nearest town or city street address of well if located within city?									
788 Spruce Street, Leavenworth, Kansas 2 WATER WELL OWNER: Wood Oil Company									
		x# P.O.		прапу			Board	of Agriculture, Division	n of Water Resources
ł.				nworth, Kansas 66048 Application Number:					
3 MARK V "X" IN S	VELL'S LOCA	ATON WITH A	4 DEI	PTH OF W	ELL	1	5.0 ft.		
	N		WE	LL'S STAT	IC WATE	R LEVEL	8.57 ft.		
				WELL WAS USED AS:					
	NW	- NE		1 Dom	ectic	5 Publ	ic Water Supply	9 Dewater	ina
w		x i li			ntion		ield Water Supply	Monitorir	•
"			3 Feed	llot	7 Law	n and Garden (domest	ic) 11 Injection	Well	
	¦ sw	- SE		4 Indus			Conditioning		
	!	!						t? Yes	No <u>X</u>
If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No X									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)									
Blank ca	sing diamete	4 ABC r 2.375	in Was	sbestos-Ce casing pul	ement a led? Ye	8 Concrete 1	No If yes	how much?	15.0'
Blank casing diameter 2.375 in. Was casing pulled? Yes x No If yes, how much? 15.0' Casing height above of below land surface Unknown in. Well overdrilled to 15'									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soils									
Grout Plug Intervals From 15.0 ft. to 1.0 ft. From 1.0 ft. to 0.0 ft. From ft. to ft.									
What is the nearest source of possible contamination:									
1 Ser	otic tank		6 Seepage	e pit		11Fuel s	storage	16 Other (specify	pelow)
I .			7 Pit privy			_	zer storage		
			8 Sewage	_			ticide storage		
			9 Feedyar				doned water well		
			10 Livestoc	k pens			ell/ Gas well		
Direction fro	om well?	Ea	st			How many	feet? 120)	
FROM	ТО	CODE		PLU	GGING M	ATERIALS			
0.0	1.0	Co	mpacted	soils					
1.0	15.0	Bei	ntonite cl	hips					
									+ + ·
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed									
on (mo/day/yr) 03/18/05 and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr)									
04/04/05 Ander the business name of Quad State Services, Inc.									
	(signature)		1. July	/Y					
INST	RUCTIONS	6: Please fill	in blanks	and/gircl	e the co	rrect answe	ers. Send three cop	pies to Kansas Depart	ment of Health and
Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.									