

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Leavenworth</u>	<u>NW 1/4 NW 1/4 SE 1/4</u>	<u>Sec 11</u>	<u>T8S</u>	<u>R22</u> EW

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>U.S. Army Base Ft. Leavenworth, Ks.</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: _____ City, State, ZIP Code : _____	Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>17.3</u> ft.											
	WELL'S STATIC WATER LEVEL <u>Dry</u> ft.											
	WELL WAS USED AS:											
	<table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning
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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"/>												

5 TYPE OF BLANK CASING USED:	Blank casing diameter <u>2.0</u> in.										
<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> 1 Steel</td> <td><input type="checkbox"/> 3 RMP (SR)</td> <td><input type="checkbox"/> 5 Wrought</td> <td><input type="checkbox"/> 7 Fiberglass</td> <td><input type="checkbox"/> 9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td><input type="checkbox"/> 4 ABS</td> <td><input type="checkbox"/> 6 Asbestos-Cement</td> <td><input type="checkbox"/> 8 Concrete Tile</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile		Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>TD (17.25)</u>
<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)							
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Casing height above or below land surface in.											

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 <input checked="" type="radio"/> Bentonite	4 <input checked="" type="radio"/> Other <u>soil</u>
Grout Plug Intervals:	From <u>17'</u> ft. to <u>11'</u> ft.,	From <u>11'</u> ft. to <u>0'</u> ft.,	From ft. to ft.,	From ft. to ft.
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below) <u>landfill</u>	
2 Sewer lines	7 Pit privy	12 Fertilizer storage		
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		
4 Lateral lines	9 Feedyard	14 Abandoned water well		
5 Cess pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? How many feet?				

FROM	TO	PLUGGING MATERIALS
<u>17'</u>	<u>1'</u>	<u>Bentonite</u>
<u>1'</u>	<u>0'</u>	<u>Clay</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-25-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>732</u> This Water Well Record was completed on (mo/day/year) <u>11/23/06</u> under the business name of <u>JB Envision Mental</u> by (signature) <u>James Birkel</u>

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.