Dounty: Leavenworth NE 1/2 NW 1/2 SE 1/2 35 T 8 S R 22 EW Distance and direction from nearest town or city street address of well if located within city?  88 Spruce St, Leavenworth, Kansas  WATER WELL OWNER: Wood's Mini Mart  RR#, St. Address, Box # : 788 Spruce P.O. Box 67  Board of Agriculture, Division of Water Resources City, State, ZIP Code : Leavenworth, Kansas  Application Number:  DEPTH OF COMPLETED WELL  N  DEPTH OF COMPLETED WELL  19.0 ft. ELEVATION:  Depth(s) Groundwater Encountered 1 15.00 ft. 2 ft. 3 ft.  WELL'S STATIC WATER LEVEL 14.55 ft. below land surface measured on mo/day/yr  Pump test data: Well water was ft. after hours pumping gpm  Est. Yield NA gpm: Well water was ft. after hours pumping gpm  Est. Yield NA gpm: Well water was ft. after hours pumping gpm  Est. Yield NA gpm: Well water was ft. after hours pumping gpm  Est. Yield NA gpm: Well water was ft. after hours pumping gpm  2 I mogration 4 Industrial 7 Lawn and garden (domestic)  1 Domestic 3 Feed lot 6 Gil field water supply 9 Dewatering 12 Other (Specify below)  2 Irrigation 4 Industrial 7 Lawn and garden (domestic)  Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was  Water Well Disinfected? Yes No X		WATER WELL RECORD	Form WWC-5 KSA 82a-	1212 ID No	AW-14
Selection from nearest town or city street address of well if located within city?	1 LOCATION OF WATER WELL:			Township Number	1 1
Water Well Discoverse   Section		NE ½ NW ½	SE ½ 35	T 8 S	R 22 (E)W
WATER WELL OWNER: WOod's Mini Mart RS. S. Address ser : 788 Spruce P.O. Box 67   RS. S. Address Spruce P.O. Box 67   RS. Spruce P.O. Box			ted within city?		
RRS, SLAID, SPC DOES LOAVEMENT (Kansas Application Number:    DOES   Loavemorth, Kansas   Loavemorth   4   Depth of CoMPLETED WELL   19.0   ft. ELEVATION:     DOES   Loavemorth   4   Depth of CoMPLETED WELL   19.0   ft. ELEVATION:     Does   Loavemorth   1   15.00   ft. 2   ft. 3   ft.     Does   Loavemorth   1   15.00   ft. 2   ft. 3   ft.     WELLS STATIO WATER LEVEL   14.55   ft. below land surface measured on modelay of the complete of the surface of the complete of the					
Application Number   Applica					
DOCATE WELLS SLOCATON BOX   Depths of COMPLETED WELL   14.55   n. to   15.00   n. 2   n. 3   n.				Board of Agriculture, I	Division of Water Resources
DEPTHOF COMPLETED WELL    STATIC WATER LEVEL   14.55 ft. below land surface measured on moldaylyr				Application Number:	
DEPTHOF COMPLETED WELL    STATIC WATER LEVEL   14.55 ft. below land surface measured on moldaylyr	3 LOCATE WELL'S LOCATON WITH	4	40.0		(20,0)
WELL STATIC WATER LEVEL 14.55 ft. below land surface measured no mordasyly submitted water was ft. after hours pumping gpm cart yet with the control of the			. 19.0 ft. ELE	:VATION:	
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E Bore Hole Diameter 8.5 in. to 19 th. and in. to Well LMATER TO BE USED OS. 5 Public water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feed tot 8 Oil field water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feed tot 8 Oil field water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feed tot 8 Oil field water supply 9 Dewatering 12 Other (Specify below) 1 Domestic 3 Feed tot 8 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Dewatering 12 Other (Specify below) 1 Domestic 3 Seminary 1 Domestic 3 Seminary 1 Domestic 3 Seminary 1 Domestic 3		Est. Yield NA gpm: Well w	vater was	ft. after hou	rs pumping gpm
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Was a chemical/bacteriological sample submitted to Department? Yes No X. If yes, molday/yr sample was submitted with submitted of Section 1 and the submitted 1 and the submitted of Section 1 and the submitted 1 and the submitted 1 and the submitted in the submitted of Section 1 and the submitted 1 and the submitted in the submit	swse	1 Domestic 3 Feed lot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes No X. If yes, molday/yr sample was submitted with submitted of Section 1 and the submitted 1 and the submitted of Section 1 and the submitted 1 and the submitted 1 and the submitted in the submitted of Section 1 and the submitted 1 and the submitted in the submit		2 Irrigation 4 Industrial	7 Lawn and garden (domest	ic) (10) Monitoring well	
Submitted Water Well Disinfected? Yes No X STYPE OF BLANK CASING USED:  \$ Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X Listed ABS 7 Fiberglass Threaded X Listed Casing diameter 2.375 in to 5.0 ft. Dia in. to ft. Dia in. to ft. Diameter Script Sc	▼ <b>L</b>				
STYPE OF BLANK CASING USED:   5 Wrought Iron   8 Concrete tile   CASING JOINTS: Glued   Clamped	6 1				
Steel   3 RMP (SR)   6 Asbestos-Cement 9 Other (specify below)   Welded   X	5 TYPE OF BLANK CASING USED:	5 Wrought Iron		***************************************	<del></del>
PVC					
Stank casing diameter   2.375   n. to   5.0   ft.   Dia   in. to   n. Dia   Diameter	•	'		, TI	readed Y
casing height above land surface Flush Mount in, weight beginned as the completed on the co			h &c	# Dia	in to
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A Litro Local Intervals From Source of possible contamination:  1 Septic tank  4 Lateral lines  7 Pit privy  1 Fuel storage (former)  3 Watertight sewer lines  6 Seepage pit  9 Feedyard  13 Insecticide storage  How many feet?  0 FROM  TO CODE  1.THOLOGIC LOG  0.0  0.5  4.5  Dark Brown silty clay, stiff  4.5  10.0  Dark brown silty clay, firm moist  10.0  15.0  17.0  Reddish brown very silty clay.  17.0  19.0  Red brown silty clay firm, moist, no odor refusal @19.0  Flush-mount well completion waiver existent for site.  Flush-mount well completion waiver existent for site.  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was ompleted on (mo/daylyr)  03/04/08  and this record is true to the best of my knowledge and belief. Kansas ompleted on (mo/daylyr)  03/06/08  NSTRUCTIONS: Please fill in blanks and dircle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W  NSTRUCTIONS: Please fill in blanks and dircle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W	of the entire transfer	From # to	4	Erom	
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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/yr) 03/04/08 and this record is true to the best of my knowledge and belief. Kansas Vater Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 03/06/08 nder the business name of Quad State Services, Inc. by (signature) INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W			voj projectico rigoroji.		
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Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	INSTRUCTIONS: Please fill in blanks	and circle the correct answers. Send th	ree copies to Kansas Denartme	nt of Health and Environment	Bureau of Water 1000 S W
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