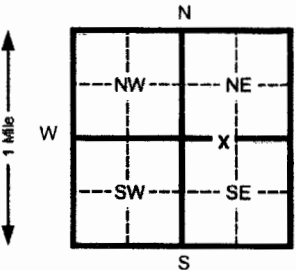
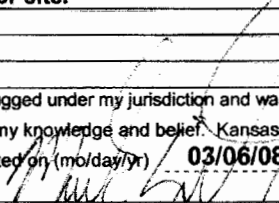


1 LOCATION OF WATER WELL: County: Leavenworth Fraction NE 1/4 NW 1/4 SE 1/4 Section Number 35 Township Number T 8 S Range Number R 22 EW			
Distance and direction from nearest town or city street address of well if located within city? 788 Spruce St, Leavenworth, Kansas			
2 WATER WELL OWNER: Wood's 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:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL 20.0 ft. ELEVATION: Depth(s) Groundwater Encountered 1 5.65 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 4.70 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 Bore Hole Diameter 8.5 in. to 20 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 6 Oil field water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well 9 Dewatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes _____ No X 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 Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded X Blank casing diameter 2.375 in. to 5.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From 20.0 ft. to 5.0 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 20.0 ft. to 4.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 4.0 ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage (former) 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____ Direction from well? NA How many feet? 0			
FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Grass, Topsoil
0.5	4.5		Dark Brown silty clay, stiff
4.5	10.0		Dark brown silty clay, firm moist
10.0	15.0		Light Reddish brown silty clay
15.0	17.0		Reddish brown very silty clay.
17.0	20.0		Red brown silty clay firm, moist, no odor refusal @20.0
Flush-mount well completion waiver existent for site.			
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/yr) 03/04/08 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) 03/06/08 under 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 Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.			

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