WATE	R WELL	RECORD	Form WWC-5			Division of Water Resources; App. No.					
1 LOCA	TION OF Lea	WATER WELL: venworth	Fraction SW ¼	SE ¼	SE ½	Section No	umber	Townsl	nip Number 9 s	Range Number R 22 E	
County: Leavenworth SW 1/2 SE 1/3 SE 1/4 1 T 9 S R 22 E Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits)											
located within city? 2912 S. 4th St. Leavenworth, KS Latitude: N 39° 17' 19.9" Latitude: N 39° 17' 19.9"											
2 37/4 77	ED WELL	OWNED. PRII		;	Longitude: W 094° 54' 13.3"						
2 WATER WELL OWNER: KDHE RR#, St. Address, Box # : 1000 SW Jackson St., Ste 410 City, State, ZIP Code : Topeka, KS 6612-1367							Elevation: 795.17pin / 794.97 toc Datum: Above mean sea level				
City. S	State, ZIP C	ode : Topeka	. KS 6612	-1367	'						
City, State, ZIP Code : Topeka, KS 6612-1367 Data Collection Method: legal survey 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 18 ft.											
LOCATON MW15											
WITH	I AN "X" I	N Depth(s) Groun	idwater En	countered 1			ft. 2		ft. 3	ft. lay/yr 4/9/0 7	
SECT	ION BOX:	WELL'S STA	TIC WATE	ER LEVEL	7.0 Ft	below la	nd surfa	ice measi	ured on mo/d	ay/yr 4/9/07	
	N	Pum	test data:	Well water	was	ft.	after		hours pumpi	ng gpm	
	N Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm										
-NV	- NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well										
Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)											
W 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (10 Monitoring well											
-swsE-											
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X											
S Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped											
5 TYPE	OF CASI	NG USED: 5	Wrought I	ron	8 Concret	e tile	CASI	NG JOI	NTS: Glued	Clamped	
1 Ste	el	3 RMP (SR) 6	Asbestos-	Cement	9 Other (s	pecify be	low)		Welde	d	
(2) PV	C .	4 ABS 7	Fiberglass		•		,		Thread	led X	
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 18 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.20 ft., Weight lbs./ft. Wall thickness or gauge No.											
Casing height below land surface 0.20 ft., Weight lbs./ft. Wall thickness or gauge No.											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:											
1 Continuous slot (3) Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)											
1 Continuous slot (3) Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 8 ft. to 18 ft. From ft. to ft.											
SCREEN-PERFORATED INTERVALS: From 8 ft. to 18 ft. From ft. to ft. From ft. to ft.											
			From		ft. to		ft. Fro	om	ft. te	o ft.	
GR	AVEL PAG	CK INTERVALS:	From	6	ft. to	18	ft. Fro	om	ft. to	o ft.	
			From		. ft. to		_ft. Fro	om	ft. to	ft.	
6 GROU	JT MATEI	RIAL: 1 Neat cen	ent 2 Co	ement grout	(3 Bento	nite (4	Other	cement.	, 0-3		
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement, 0-3 Grout Intervals From 3 ft. to 6 ft. From ft. to ft. From ft. to ft.											
What is th	e nearest so	ource of possible cor	tamination	1:						*******	
	tic tank	4 Lateral lin			Q Livesto			cticide S		16 Other (specify	
2 Sewer lines 5 Cess pool 8 Sewage lagoon (1) Fuel storage 14 Abandoned water well below)											
		er lines 6 Seepage p	oit 9 Feed	•	2 Fertilize	_	15 Oil	well/ gas	well		
Direction	from well?				low many	feet'?					
FROM	TO	LITHO	LOGIC LO	G	FROM	TO		PLUC	GING INTE	ERVALS	
0	3	Soil									
3	13	Clay, dark brown,	moist, no	odor,		-					
13	18	high plasticity Sand, grey, mediu	m to arous	l wat	ļ	-					
13	10	no odor	ii to grave	i, wei,	 						
		no out									
							Flushn	ount wa	aiver by D. 7	Taylor	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was (1) constructed (2) reconstructed or (2) plugged											
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/year) Althory Althory											
Kansas Wa	urisulction at iter Well Cor	iu was completed off (itractor's License No	757	. This Wa	ter Well Re	cord was a	ompleted	on (med	day/year) 4	/24/07	
under the h	usiness name	of Larsen & Asso	ciates, Inc	· · · · · · · · · · · · · · · · · ·	by (signati	ire)	لم ا				
INSTRUCT	TONS: Please	fill in blanks or circle th	e correct ans	wers. Send top t	hree copies to	Kansas De	partment	of Health a	nd Environment	, Bureau of Water,	
INSTRUCTIONS: Please fill in blanks 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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.											
your records	. ree of \$5.00	for each constructed we	i. visit us at	nup://www.kdh	ks.gov/water	well.					