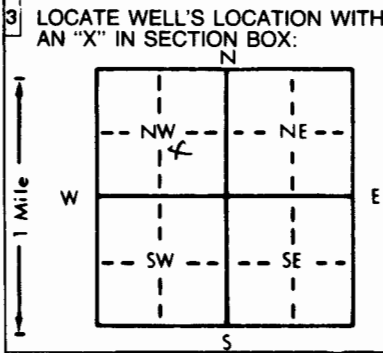


1 LOCATION OF WATER WELL: County: **LEAVEN WORTH** Fraction: **NW 1/4 SE 1/4 NW 1/4** Section Number: **7** Township Number: **T 9 S** Range Number: **R 22 EW**

Distance and direction from nearest town or city street address of well if located within city?
1825 S. 4th ST., Leavenworth KS

2 WATER WELL OWNER: **G.N.B. INC** **MW 10D**
 RR#, St. Address, Box #: **1825 S. 4th ST.** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Leavenworth KS** Application Number: **NA**



4 DEPTH OF COMPLETED WELL: **45.2** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **11** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **13.19** ft. below land surface measured on mo/day/yr
 Pump test data: Well water was **NA** ft. after **NA** hours pumping **NA** gpm
 Est. Yield **NA** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9** in. to **4.55** ft., and **17** in. to **15** ft.
 WELL WATER TO BE USED AS:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **10 Monitoring well**
 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 **2 PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____
 Blank casing diameter: **2** in. to **40.5** ft. Dia: **10"** in. to **15** ft. Dia: _____ in. to _____ ft.
 Casing height above land surface: **0.8** in., weight _____ lbs./ft. Wall thickness or gauge No. **Sch 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **45.2** ft. to **40.5** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **45.5** ft. to **38** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **Cement / Bentonite**
 Grout Intervals: **0.8** ft. to **32** ft. From **38** ft. to **32** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 11 Fuel storage 12 Fertilizer storage 16 Other (specify below) **G.N.B. INC.**
 3 Watertight sewer lines 6 Seepage pit 13 Insecticide storage

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Gravel, brick, concrete	25	25.75	Silty clay
3	15	Silty clay	25.75	28	Sandy silt
0	0.5	Sand, Gravel	28	28.25	Sand
0.5	1.5	Sandy clay	28.25	28.50	Silty clay
1.5	4.0	Silty clay	28.5	31	Clay
4.0	8.0	Silty clay	31	41.3	Silty sandy clay
8.0	8.25	Silty sand	41.3	43	Gravel
8.25	11	Silty sand / Silty clay	43	45.2	Limestone
11	14.5	Silty sand			
14.5	17	Silty clay			
17	17.25	Sand			
17.25	20.5	Silty clay			
20.5	21	Sandy clay			
21	21.25	Silty clay			
21.25	25	Sand - Fine			

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) **8-1-94** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **181(7354483)** This Water Well Record was completed on (mo/day/yr) **8-25-94** under the business name of **Burlington Environmental Inc.** by (signature) **Karl Schaffer**

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.