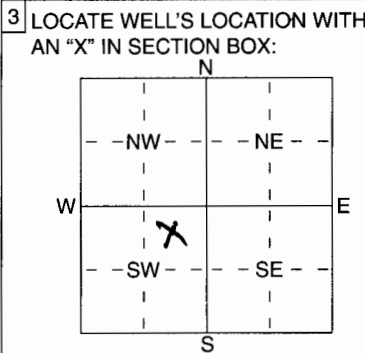


1 LOCATION OF WATER WELL: Fraction **SW 1/4 NE 1/4 SW 1/4** Section Number **30** Township Number **T 9 S** Range Number **R 23 EW**  
 County: **Leavenworth**  
 Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **City of Leavenworth**  
 RR#, St. Address, Box # : **100 N. 5th Street, Leavenworth 66048** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **100 N. 5th Street, Leavenworth 66048** Application Number:



4 DEPTH OF COMPLETED WELL **22** ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered **11.25** ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL **11.25** ft. below land surface measured on mo/day/yr **10/9/04**  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 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 Domestic (lawn & garden) 10 **Monitoring well**  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No .....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes ..... No

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 .....  
 Blank casing diameter **2** in. to **9.75** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface **2.5 ft** in., weight ..... lbs./ft. Wall thickness or gauge No. **Sch 40**  
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 **PVC** 10 Asbestos-Cement  
 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) .....  
 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  
**Continuous slot** 3 Mill slot 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From **9.75** ft. to **22.0** ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **7.5** ft. to **22.0** ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other .....  
 Grout Intervals: From **0** ft. to **7.5** ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)  
 13 Insecticide storage .....  
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>18.8</b>	<b>Silty CLAY</b>			
<b>18.8</b>	<b>22.0</b>	<b>Shale, gray, weathered</b>			

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) **8/17/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **614** This Water Well Record was completed on (mo/day/yr) **8/17/04** under the business name of **MAXIM Technologies** by (signature) **W. Stafford**

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., 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.