

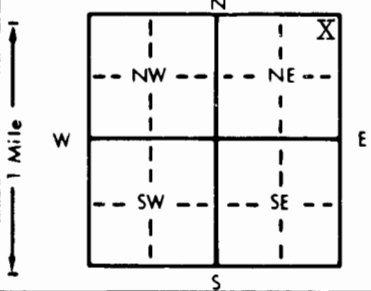
1 LOCATION OF WATER WELL: County: Leavenworth	Fraction NE 1/4 NE 1/4 NE 1/4	Section Number 5	Township Number T 9 S	Range Number R 23 E 10X
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Distance and direction from nearest town or city street address of well if located within city?

Stigers Island off Highway 5

2 WATER WELL OWNER: **Leavenworth Water Works**
 RR#, St. Address, Box # : **601 Cherokee** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Leavenworth, KS 66048** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **75** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. **13** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **13** ft. below land surface measured on mo/day/yr **1.21.98**
 Pump test data: Well water was **14** ft. after **4** hours pumping **10** gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **8** in. to **75** ft., and _____ in. to _____ 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
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well **12 Other (Specify below)**
Piezometer
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** _____; 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**
 7 Fiberglass Threaded _____
 Blank casing diameter: **4** in. to **55** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **24** in., weight _____ lbs./ft. Wall thickness or gauge No. _____
 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 **55** ft. to **75** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **20** ft. to **75** 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** ft. to **20** 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)**
Railroad tracks
 Direction from well? **West** How many feet? **7500**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil	0	3	Compacted silts & clays
2	15	Brown-gray silt			
15	36	Gray fine-very fine sand	3	75	Bentonite
36	42	Gray-brown medium-coarse sand			
42	52	Gray fine-very fine sand			
52	70	Gray medium-coarse sand			
70	76	Gray coarse-medium sand			
76	--	Limestone			

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) **4.24.98** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **102** This Water Well Record was completed on (mo/day/yr) **5.24.98** under the business name of **Layne Western** by (signature) *Layne Western*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send up 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.

OFFICE USE ONLY T R EW SEC 1/4 1/4 1/4