1 1 1 1	ATED WELL DE	COPD	THW Form WW		District.			,, [
WATER WELL RECORD 1 LOCATION OF WATER WELL:			Fraction	_ 		Number	r Resources; App		Danca Number
1	County: Leavenwor		1/4 NW 1/4 S	F 1/2	Section :	Number	Township Nu	mber	Range Number R 23 (E)W
		from nearest town or cit				ositioning		al degre	es, min. of 4 digits)
	located within city?	from nearest town or en	ty street address of		I atituda	e. V /wi	thing 3		1.9 1 2
	roomed within only.				Langitu	ide: Tax	Line 3	$\frac{\omega_D}{2}$	20 1265
2	WATER WELL OW	NER: VA Hospital	m to wat x	14101	Longitu Sievatio	inc.	ting 19	Or 8.	12,04
_	RR#, St. Address, Box		St.Trafficwa		Datum:				
	City, State, ZIP Code	Leavenworth		,			Mathad. i	1	A -
	LOCATE WELL'S	4 DEPTH OF COMP		3N1	Data Co	onection i	Method: Lar	Va S	willy
3	LOCATE WELL'S LOCATION	4 DEFINOR COM	LEIED WELL	. .		It.			•
	WITH AN "X" IN	Denth(s) Groundwater	Encountered (1)	251	ft	(2)	ft	(3)	
	SECTION BOX:	Depth(s) Groundwater WELL'S STATIC WA	TER LEVEL 24	962 0	helow la	nd surface	measured on m	(3) w/day/w	12/29
	N	Pump test data	: Well water was		ft after	r	hours num	nina	anm
		Est. Yieldgpm	: Well water was.		ft. after	·	hours pum	ning	gnm
		WELL WATER TO B	E USED AS: 5 Pu	blic water	supply	8 Air	conditioning	11 Injec	ction well
W	NWNE E	1 Domestic 3 Fee	dlot 6 Oil fie	ld water su	ipply	9 Dew	atering	12 Othe	er (Specify below)
**	0 1	WELL WATER TO B 1 Domestic 3 Feed 2 Irrigation 4 Ind	ustrial 7 Domes	stic (lawn a	& garden)	(10)Mon	itoring well		
	SW SE								
	SW SE	Was a chemical/bacter	iological sample sub	mitted to	Departme	ent? Yes.	No X	<u>.</u> .; If	f yes, mo/day/yrs
		Sample was submitted.		Wate	er well dis	sinfected?	Yes N	ω Χ	
S									
5	TYPE OF CASING U	SED: 5 Wrought 1	Iron 8 Coi	crete tile		CASINO	JOINTS: Glu	ıed	Clamped
		P (SR) 6 Asbestos-	Cement 9 Oth	er (specify	below)	0.101.	We	lded	
	2 PVC 4 ABS	7 Fiberglass					Thi	readed	X
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded. 2 PVC 4 ABS 7 Fiberglass Threaded. X Blank casing diameter 3.3.75 in. to 1.0 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 2 in., Weight lbs./ft. Wall thickness or guage No. Sup. 4.0									
Casing height above land surface. 2' in., Weight lbs./ft. Wall thickness or guage No. SAN 4D									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)									
2 Brass 4 Galvanized Steal 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 Gauzed 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									
From									
GRAVEL PACK INTERVALS: From									
		rioni	It. 10		11.	., [1011]		ι. ιο	It.
6	GROUT MATERIAL	: 1 Neat cement 20	Cement grout 3B	entonite	4 Other				
		m8. to .(2)	ft., From						
		of possible comaminati					,		_
	1 Septic tank	4 Lateral lines		10 Livest	ock pens	13 Ins	ecticide storage	: 60	Other (specify
	2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel st	torage	14 Ab	andoned water		below)
	3 Watertight sewer		9 Feedyard	12 Fertiliz	zer storag	e 15 Oil	well/gas well	Ų.	umphrea
D	irection from well?	other area		How man	y feet?				
FI	ROM TO	LITHOLOGIC	LOG	FROM	I TO		PLUGGING	3 INTE	RVALS
	0 3,D Qu	n clay from							
3	D 11.0 Bu	Valatul w	11 brick, gl	155 lt					
_		0'	· · · · · · · · · · · · · · · · · · ·						
11	. D I GO WK	Buildyto	suty clay	ary,	tun				
			7 4	7 5.					
14	.0 27, DKU	obblinchau, 1	youst dough	, ada					
	w	1 chest larve	nauil				1122-11		
2	7.0300 W.	1 1 1	<u>'</u>				A-441-A-		
	30,0	au shale w	Lanstring	IND					
	ti	area		'					
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) and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No732 This Water Well Record was completed on (mo/day/year)									
		of JB Environment		b	y (signati	ure)	mes Bu	RU) ·
IN	STRUCTIONS: Use typew	riter or ball point pen. <u>PLEA</u>	SE PRESS FIRMLY and	PRINT clear	rly. Please	fill in bunks	, underline or circl	e the corr	ect answers. Send top
three copies to Kansas Department of Health and Environment, Burcau 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/index.html.									