

WATER WELL RECORD

1 LOCATION OF WATER WELL: County: Leavenworth	Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 7	Township Number T 9 S	Range Number R 23 EW
Distance and direction from nearest town or city street address of well if located within city? <u>By Maintenance Shop Bldg.</u>		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____		
2 WATER WELL OWNER: <u>VA Hospital US Dept of Veterans</u> RR#, St. Address, Box # : 4101 S. 4th St. Trafficway City, State, ZIP Code : Leavenworth, KS. 66048				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W S E	<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">NW</td> <td style="width: 25%; text-align: center;">NE</td> </tr> <tr> <td style="width: 25%; text-align: center;">SW</td> <td style="width: 25%; text-align: center;">SE</td> </tr> </table>	NW	NE	SW	SE
NW	NE				
SW	SE				
4 DEPTH OF COMPLETED WELL <u>45'</u> ft.					
Depth(s) Groundwater Encountered (1) <u>39'</u> ft. (2) _____ ft. (3) _____ ft.					
WELL'S STATIC WATER LEVEL: <u>43.23</u> ft. below land surface measured on mo/day/yr <u>6/18/09</u>					
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 X _____; If yes, mo/day/yr Sample was submitted _____ Water well disinfected? Yes _____ No X _____					

5 TYPE OF CASING USED:	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below) _____
2 PVC	4 ABS	7 Fiberglass	Welded _____
Blank casing diameter <u>2.0</u> in. to <u>30'</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.	Threaded X _____		
Casing height above land surface <u>2'</u> in., Weight _____ lbs./ft.	Wall thickness or gauge No. <u>sch 40</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:			
1 Steel	3 Stainless Steel	5 Fiberglass	7 PVC
2 Brass	4 Galvanized Steel	6 Concrete tile	8 RM (SR)
SCREEN OR PERFORATION OPENINGS ARE:		9 ABS	11 Other (Specify) _____
1 Continuous slot	3 Mill slot	5 Gauzed wrapped	7 Torch cut
2 Louvered shutter	4 Key punched	6 Wire wrapped	8 Saw cut
SCREEN-PERFORATED INTERVALS: From <u>45'</u> ft. to <u>30'</u> ft., From _____ ft. to _____ ft.		9 Drilled holes	11 None (open hole)
GRAVEL PACK INTERVALS: From <u>45'</u> ft. to <u>28'</u> ft., From _____ ft. to _____ ft.		10 Asbestos-Cement	12 None used (open hole)
From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite
4 Other _____			
Grout Intervals: From <u>28'</u> ft. to <u>3'</u> 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
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage
Direction from well? <u>North</u>		How many feet? <u>5'</u>	
13 Insecticide storage		16 Other (specify below)	
14 Abandoned water well		15 Oil well/gas well	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Ben silty clay w/ls r frag			
		trace amt of iron oxides, fum			
10.0	35	Ben clay to silty clay, moist			
		fum, iron oxides			
35.	37	Ben clay w/iron concretions, moist			
		fum			
37	45	yellowish gray sandy shale w/			
		sandstone stringers, dry to wet			
		fum			

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) 5/15/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 732 This Water Well Record was completed on (mo/day/year) 6/10/09 under the business name of **JB Environmental** by (signature) James Becker

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. Visit us at <http://www.kdheks.gov/waterwell/index.html>.