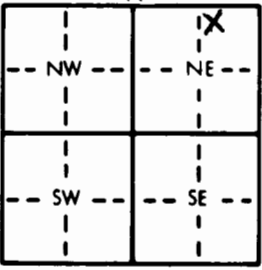


1 LOCATION OF WATER WELL: County: **OSAGE** Fraction: **N 1/4 NE 1/4 NE 1/4** Section Number: **29** Township Number: **T 14** S Range Number: **R 16** **EW**

Distance and direction from nearest town or city street address of well if located within city?
1/4 EAST SOUTH EDGE CAMBONDALE

2 WATER WELL OWNER: **KEVIN NICHOLS**
 RR#, St. Address, Box #: **R.R. 1 BOX 109**
 City, State, ZIP Code: **CAMBONDALE KS. 66414**
 Board of Agriculture, Division of Water Resources
 Application Number:

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

 4 DEPTH OF COMPLETED WELL: **160** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. **17'** ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: **12** ft. below land surface measured on mo/day/yr **JULY 29 88**
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield **1** gpm Well water was ft. after hours pumping gpm
 Bore Hole Diameter: **10** in. to **27** ft., and **6** in. to **160** ft.
 WELL WATER TO BE USED AS:
 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 Observation 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
 7 Fiberglass Threaded
 Blank casing diameter: **5** in. to **17** ft., Dia. **5** in. to **160** ft., Dia. in. to ft.
 Casing height above land surface: **24** in., weight **SDR 26** 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)
 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 **17** ft. to **160** ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From **15** ft. to **160** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From **0** ft. to **15** 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? **S W** How many feet? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	SOIL BLACK	112	123	LIME
2	17	CLAY YELLOW	123	125	SHALE
17	18	SANDY CLAY GRAVEL - WATER	125	130	LIME
18	25	SHALE	130	138	LIME
25	30	LIME	138	160	SHALE SAND STRATA
30	38	SHALE			
38	41	LIME			
41	50	SHALE			
50	56	LIME			
56	60	SHALE			
60	72	LIME			
72	75	SHALE			
75	95	LIME			
95	106	SHALE			
106	109	LIME BLACK			

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) **JULY 10-88** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **119** This Water Well Record was completed on (mo/day/yr) **AUG 22-88**
 under the business name of **JUNGMAN BROS. PAULINE CO** by (signature)

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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.