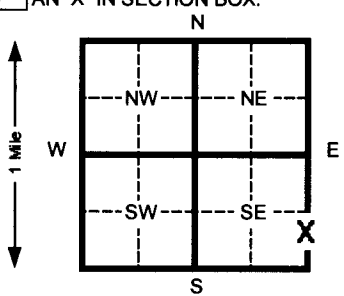


1 LOCATION OF WATER WELL: County: Osborne	Fraction NE ¼ SE ¼ SE ¼	Section Number 18	Township Number T 7 S	Range Number R 12 EW
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Distance and direction from nearest town or city street address of well if located within city?
112 W. Adams, Osborne, Kansas

2 WATER WELL OWNER: **James Vander Giesen**
 RR#, St. Address, Box # : **P.O. Box 66**
 City, State, ZIP Code : **Downs, Kansas 67437**
 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 40.0 ft. ELEVATION: Depth(s) Groundwater Encountered 1 32.0 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 31.29 ft. below land surface measured on mo/day/yr 06/08/04 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.5 in. to 40.0 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 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 X
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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 **X**

Blank casing diameter **2.375** in. to **20.0** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **Flush Mount** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**

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 **40.0** ft. to **20.0** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **40.0** ft. to **17.0** 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 **0.0** ft. to **2.0** ft. From **2.0** ft. to **17.0** 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 (former) 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? **North** How many feet? **40**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		Concrete
0.5	18.0		Dark brown silty clay, firm, moist
18.0	23.5		Light brown very silty clay-clayey silt, friable, slightly moist
23.5	25.5		Brown silty clay, trace caliche, slightly mottled black, firm, moist
25.5	28.0		Brown clayey sand, firm, moist
28.0	29.0		Brown fine-medium grained sand, gravelly, moist
29.0	31.5		Brown fine-medium grained sand, very gravelly, much limestone and chalk fragments, dry
31.5	40.0		Brown fine-coarse grained sand, very gravelly, much chalk, limestone fragments, wet
Flush-mount well completion approved by Don Taylor, KDHE, BOW			

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/yr) **06/05/04** and this record is true to the best of my knowledge and belief - Kansas
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **06/28/04**
 under the business name of **Quad State Services, Inc.** by (signature)

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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SEC