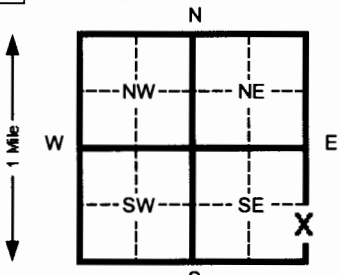


1 LOCATION OF WATER WELL: County: Osborne		Fraction NE ¼ SE ¼ SE ¼	Section Number 18	Township Number T 7 S	Range Number R 12 EW
Distance and direction from nearest town or city street address of well if located within city? 112 W. Adams, Osborne, Kansas					
2 WATER WELL OWNER: James Vander Giesen		RR#, 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 31.38 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) <input checked="" type="radio"/> 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 <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
<input checked="" type="radio"/> PVC		4 ABS		8 Concrete tile	
Blank casing diameter 2.375 in. to 20.0 ft., Dia		7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____	
Casing height above land surface Flush Mount in., weight _____ lbs./ft.		6 Asbestos-Cement		9 Other (specify below) _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC		10 Asbestos-cement	
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		11 Other (specify) _____	
5 Fiberglass		6 Concrete tile		12 None used (open hole)	
8 RMP (SR)		9 ABS		11 Other (specify)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		<input checked="" type="radio"/> Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) _____	
6 Wire wrapped		7 Torch cut		11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From 40.0 ft. to 20.0 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 40.0 ft. to 17.5 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement <input checked="" type="radio"/> Cement grout <input checked="" type="radio"/> Bentonite 4 Other _____					
Grout Intervals From 0.0 ft. to 2.0 ft. From 2.0 ft. to 17.5 ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				<input checked="" type="radio"/> Livestock pens	
				<input checked="" type="radio"/> Fuel storage (former)	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below) _____	
				13 Insecticide storage	
Direction from well? Northwest		How many feet? 35			
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	9.0		Dark brown silty clay, caliche, friable, moist		
9.0	15.0		Dark brown silty clay, caliche, firm, moist		
15.0	24.0		Light brown-brown very silty clay-clayey silt, firm, moist		
24.0	27.0		Brown clayey sand, slightly gravelly, friable, moist		
27.0	29.0		Brown-light brown fine-medium grained sand, gravelly, fairly well sorted, sub-rounded, moist		
29.0	30.0		Very light brown fine grained sand, dry		
30.0	37.5		Light brown fine-coarse grained sand, gravelly, limestone and chalk fragments, stained dark gray top 6", wet @ 32'		
37.5	39.0		Light brown clayey silt, wet		
39.0	40.0		Light brown medium-coarse grained sand, very gravelly, limestone fragments, much chalk, poorly sorted, sub-angular, wet		
Flush-mount well completion approved by Don Taylor, KDHE, BOW					
7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> 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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