

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Osborne</b>	<b>NE</b> ¼ <b>SE</b> ¼ <b>SE</b> ¼	<b>18</b>	T <b>7</b> S	R <b>12</b> 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** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Downs, Kansas 67437** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL
	<b>40.0</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1 <b>32.5</b> ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <b>31.64</b> ft. below land surface measured on mo/day/yr <b>06/08/04</b> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <b>8.5</b> in. to <b>40.0</b> 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	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<input checked="" type="radio"/> 2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <input checked="" type="checkbox"/>

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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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 **17.5** 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 **17.5** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<input checked="" type="radio"/> 11 Fuel storage (former)	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/ Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? **Southwest** How many feet? **35**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	17.0		Dark brown silty clay, brick (1-4'), friable, very moist
17.0	23.0		Light brown silty-very silty clay, firm, moist
23.0	29.5		Brown clayey sand, slightly gravely, friable-firm, moist
29.5	35.0		Light brown fine grained sand, slightly gravely, slightly moist, wet @ 32.5'
35.0	37.0		Light brown fine-coarse grained sand, gravely, limestone fragments, much chalk, wet
37.0	39.0		Light brown clayey silt, wet
39.0	40.0		Light brown fine-coarse grained sand, very gravely, much limestone and chalk fragments, 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  constructed,  reconstructed, or  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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