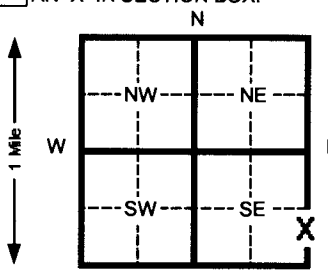


1 LOCATION OF WATER WELL: Fraction **NE ¼ SE ¼ SE ¼** Section Number **18** Township Number **T 7 S** Range Number **R 12 EW**
 County: **Osborne**

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:

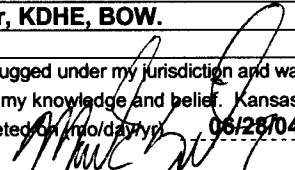
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  4 DEPTH OF COMPLETED WELL **40.0** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **34.0** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL **33.31** ft. below land surface measured on **06/08/04**
 Pump test data: Well water was _____ ft. 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

5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
 2 PVC 4 ABS 7 Fiberglass Threaded
 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: 7 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 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.

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: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage (former) 15 Oil well/ Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage

Direction from well? **East-southeast** How many feet? **50**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	15.0		Dark brown silty clay, caliche, very firm-hard, slightly moist-dry
15.0	24.0		Brown-light brown very silty clay-clayey silt, caliche, firm, slightly moist-moist
24.0	25.5		Brown silty clay, very firm, moist
25.5	29.0		Brown-dark brown clayey sand, friable, moist
29.0	35.0		Very light brown fine-medium grained sand, well sorted, sub-rounded, slightly moist wet @ 34'
35.0	36.0		Very light brown fine-coarse grained sand, gravelly, much limestone and chalk fragments, wet
36.0	37.0		Light brown-light gray very silty clay, gravelly, chalk fragments, mottled rust, firm
37.0	40.0		Light brown fine-coarse grained sand, very gravelly, 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 (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) **06/26/04** 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.

OFFICE USE ONLY
T
R
SEC