1 LOCATION OF WATER WELL: Section Number Township Number Fraction Range Number Osborne NE 1/4 18 R 12 SE 7 s 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 : Downs, Kansas 67437 City, State, ZIP Code Application Number: 3 LOCATE WELL'S LOCATON WITH Depth(s) Groundwater Encountered 1 33.0 ft. 2 AN "X" IN SECTION BOX: **33.0** ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 32.55 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) 0 Monitoring well 흫 W SE . Was a chemical/bacteriological sample submitted to Department? Yes _____ No ____ If yes, mo/day/yr sample was Water Well Disinfected? Yes No X 5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped Welded Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) (2)PVC 4 ABS 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 | Ibs./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) 5 Fiberglass 8 RMP (SR) 6 Concrete tile 9 ABS Concrete tile

5 Gauzed wrapped

6 Wire wrapped

7 Took out

8 Saw cut

9 Drilled holes

10 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: Mill slot Key punc 1 Continuous slot 2 Louvered shutter Key punched y punched / Torch cut TO Other (specify)

From 40.0 ft. to 20.0 ft. From ft. to ft. SCREEN-PERFORATED INTERVALS: From _____ft. to _____ft. From _____ft. to _____ft. From 40.0 ft. to 17.0 ft. From ft. to ft. **GRAVEL PACK INTERVALS:** tt. to ft. From ft. to ft.

Cement grout 3 sentonite 4 Other From____ 6 GROUT MATERIAL: 1 Neat cement Cement grout Grout Intervals From 0.0 ft. to 1.5 ft. From 1.5 ft. to 17.0 ft. From ft. to ft. 10 Livestock pens 14 Abandoned water well
11 Fuel storage (former) 15 Oil well/ Gas well What is the nearest source of possible contamination: 7 Pit privy 1 Septic tank 4 Lateral lines 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 6 Seepage pit 3 Watertight sewer lines 9 Feedyard 13 Insecticide storage Direction from well? How many feet? LITHOLOGIC LOG FROM TO 0.0 0.5 Concrete 0.5 9.0 Sand backfill, brown, medium grained, some dark brown silty clay, soft, dry 9.0 10.5 Dark brown silty clay, caliche, hard, slightly moist, strong odor Brown very silty clay-clayey silt, friable, slightly moist, strong odor 10.5 13.0 Brown silty clay, caliche, hard-firm, slightly moist, moderate-strong odor 13.0 15.0 Light brown very silty clay-clayey silt, friable, slightly moist-dry, very strong odor 15.0 23.0 23.0 29.5 Brown very silty clay, slightly sandy, firm, slightly moist, very strong odor Very light brown-cream fine medium grained sand, slightly gravely, stained dark gray 29.5 35.0 @ 30', wet @ 33', very strong odor Dark gray fine-coarse grained sand, gravely, limestone and chalk fragments, wet, very 35.0 40.0 strong odor 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 of (mo/dayty) 06/28/104

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