

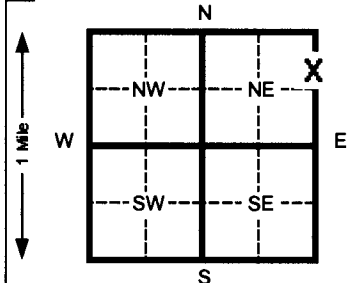
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Osborne	SE $\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$	19	T 7 S	R 12	EW

Distance and direction from nearest town or city street address of well if located within city?

235 S. 1st Street, Osborne, Kansas

2 WATER WELL OWNER: **R & C Petroleum**
 RR#, St. Address, Box #: **523 E. 4th Street**
 City, State, ZIP Code: **North Platte, Nebraska 69103**
 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: **33.5** ft. ELEVATION: _____

Depth(s) Groundwater Encountered: 1 **28.5** ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL: **27.38** ft. below land surface measured on mo/day/yr **05/26/04**

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 **33.5** 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
2 Irrigation	4 Industrial	7 Lawn and garden (domestic)
		<input checked="" type="checkbox"/> 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:

<input checked="" type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought Iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____	
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	Welded _____	
		<input type="checkbox"/> 7 Fiberglass		Threaded <input checked="" type="checkbox"/>	

Blank casing diameter: **2.375** in. to **18.5** 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:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:		<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 1 Continuous slot	<input checked="" type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **33.5** ft. to **18.5** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **33.5** ft. to **16.0** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL:

<input type="checkbox"/> 1 Neat cement	<input checked="" type="checkbox"/> 2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	<input type="checkbox"/> 4 Other
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Grout Intervals: From **0.0** ft. to **2.0** ft. From **2.0** ft. to **16.0** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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

Direction from well? **South** How many feet? **135**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	1.0		Asphalt, aggregate
1.0	3.0		Dark gray slightly silty clay, trace sand, friable, moist
3.0	11.0		Brown-dark brown, slightly silty clay, very firm, slightly moist
11.0	22.0		Brown silty clay, some limestone fragments, trace black mottling, firm-very firm, moist
22.0	28.5		Brown very silty clay, mottled black, firm-friable, moist-very moist
28.5	32.5		Brown fine-medium grained sand, trace gravel, well sorted, sub-rounded, wet
32.5	33.0		Brown very silty clay, sandy, very firm
33.0	33.5		Slightly weathered black shale, caliche, hard, dry

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) **05/21/04** 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) **05/20/04**

under the business name of **Quad State Services, Inc.** by (signature) *[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

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