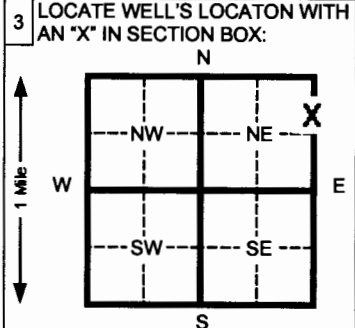


1 LOCATION OF WATER WELL: County: <b>Osborne</b>	Fraction <b>SE ¼ NE ¼ NE ¼</b>	Section Number <b>19</b>	Township Number <b>T 7 S</b>	Range Number <b>R 12 EW</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**235 S. 1<sup>st</sup> Street, Osborne, Kansas**

2 WATER WELL OWNER: **R & C Petroleum**  
 RR#, St. Address, Box # : **523 E. 4<sup>th</sup> Street**  
 City, State, ZIP Code : **North Platte, Nebraska 69103**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF COMPLETED WELL **34.0** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 **28.0** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **27.41** 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 **34.0** 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 **X**

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_  
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded **X**  
 Blank casing diameter **2.375** in. to **19.0** 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 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 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 **34.0** ft. to **19.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **34.0** ft. to **16.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ 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 **16.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 **Fuel storage** 15 Oil well/ Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) \_\_\_\_\_  
 13 Insecticide storage \_\_\_\_\_  
 Direction from well? **West** How many feet? **5**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	3.0		Concrete, sand and clay backfill
3.0	8.0		Dark gray-gray slightly silty clay, firm, moist
8.0	10.5		Gray brown slightly silty clay, some caliche, very firm, slightly moist
10.5	14.0		Olive brown clayey silt, friable, moist, odd odor
14.0	18.0		Gray brown-brown slightly silty clay, some caliche, very firm, slightly moist, faint odor
18.0	21.0		Gray brown-brown slightly silty clay, very thin silt seams, caliche, firm, slightly moist-moist, moderate-strong petroleum hydrocarbon odor
21.0	22.0		Light brown-brown clayey silt, slightly mottled black, friable, moist, strong odor
22.0	28.0		Brown silty clay, slightly mottled black, caliche, firm, moist-very moist, strong odor
28.0	29.0		Brown silty sandy clay, wet, strong odor
29.0	29.5		Olive clayey sand, wet, strong odor
29.5	32.0		Dark gray-black silty fine grained sand, wet, strong odor, sheen
32.0	32.5		Brown silty sandy clay, caliche stringers, sandstone fragments, very firm
32.5	34.0		Slightly weathered black shale, caliche stringers, hard, dry
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) **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) \_\_\_\_\_  
 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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