

1 LOCATION OF WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Osborne</b>		<b>NW 1/4 NW 1/4 NW 1/4</b>	<b>20</b>	<b>T 7 S</b>	<b>R 12 E</b>
Distance and direction from nearest town or city street address of well if located within city? <b>221 S Oak Osborne KS 67473</b>					
2 WATER WELL OWNER: <b>Barrell Roadhouse</b>					
RR#, St. Address, Box #: <b>221 S Oak</b>					
City, State, ZIP Code: <b>Osborne KS 67473</b>					
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: <b>34</b> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <b>29</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>29</b> ft. below land surface measured on mo/day/yr <b>5-13-91</b>			
		Pump test data: Well water was <b>30</b> ft. after <b>1</b> hours pumping <b>5</b> gpm			
		Est. Yield <b>5</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>8</b> in. to <b>34</b> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below) 2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr sample was submitted					
Water Well Disinfected? Yes <b>X</b> No					
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)      6 Asbestos-Cement      9 Other (specify below) 2 PVC      4 ABS      7 Fiberglass					
Blank casing diameter <b>5</b> in. to <b>25</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.					
Casing height above land surface <b>14"</b> in., weight <b>229 CFT</b> lbs./ft. Wall thickness or gauge No. <b>014</b>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
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:					
1 Continuous slot      3 Mill slot      6 Wire wrapped      9 Drilled holes 2 Louvered shutter      4 Key punched      7 Torch cut      10 Other (specify) 8 Gauzed wrapped      11 None (open hole)					
SCREEN-PERFORATED INTERVALS: From <b>25</b> ft. to <b>34</b> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>34</b> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement      2 Cement grout      3 Bentonite      4 Other <b>Hole Plug</b> Grout Intervals: From <b>0</b> ft. to <b>20</b> ft., From _____ ft. to _____ 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? <b>E</b> How many feet? <b>50+</b>					
LITHOLOGIC LOG					
FROM	TO	LITHOLOGIC LOG			
<b>0</b>	<b>22</b>	<b>Top Soil &amp; Clay</b>			
<b>22</b>	<b>25</b>	<b>Sand fine to med</b>			
<b>25</b>	<b>30</b>	<b>Sand &amp; gravel w/ small broken rock</b>			
<b>30</b>	<b>34</b>	<b>Shale</b>			
PLUGGING INTERVALS					
FROM	TO	PLUGGING INTERVALS			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>5-13-91</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>165</b> This Water Well Record was completed on (mo/day/yr) <b>5-25-91</b> under the business name of <b>Maruhn well Drilling Inc</b> by (signature) <b>Lesley Maruhn</b>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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