

| 1 LOCATION OF WATER WELL:<br>County: <u>Osborne</u>  |                          | Fraction<br><u>S 1/2 SW 1/4 SE 1/4</u> | Section Number<br><u>7</u> | Township Number<br><u>7</u> | Range Number<br><u>12</u> |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|--|--------------------------|--|----------------------------|-----------------------------|---------------------------|---------------|---------------|--------------------|--------------------------|-------------------------|-------------|-----------------------|-------------------|--------------------------|-----------------|------------------------|------------------|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|------------------------|-------------------|--------------|--------------------|---------------|
| Distance and direction from nearest town or city street address of well if located within city?  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box #: <u>PO Box 386</u><br>City, State, ZIP Code : <u>Osborne, KS 67473</u><br>Board of Agriculture, Division of Water Resources<br>Application Number:  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td>N W</td><td></td><td>N E</td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td></td><td>S W</td><td></td><td>S E</td></tr><tr><td></td><td></td><td>X</td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table><br>S  |                          |  |                            |                             |                           |               | N W           |                    | N E                      | W                       |             |                       | E                 |                          | S W             |                        | S E              |                 |            | X                       |  |             |                   |                      |  | 4 DEPTH OF WELL..... <u>42</u> .....ft.<br>WELL'S STATIC WATER LEVEL..... <u>34</u> .....ft.<br>WELL WAS USED AS:<br><table><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table><br>Was a chemical/bacteriological sample submitted to Department? Yes....No. <u>X</u> .<br>If yes, mo/day/yr sample was submitted.....<br>Water Well Disinfected: Yes. <u>X</u> ... No..... |  |  |  | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
|  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  | N W                      |  | N E                        |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| W  |                          |  | E                          |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  | S W                      |  | S E                        |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |                          | X                                      |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 Domestic   | 5 Public Water Supply    | 9 Dewatering                           |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 Irrigation   | 6 Oil Field Water Supply | 10 Monitoring Well                     |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 Feedlot  | 7 Lawn and Garden Only   | 11 Injection Well                      |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 4 Industrial   | 8 Air Conditioning       | 12 Other.....                          |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 5 TYPE OF BLANK CASING USED:<br><table><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td><u>Rock</u></td></tr></table><br>Blank casing diameter... <u>12</u> .....in. Was casing pulled? Yes. <u>X</u> .. No..... If yes, how much.....<br>Casing height above or below land surface..... <u>60</u> .....in.  |                          |  |                            |                             |                           | 1 Steel       | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (specify below) | 2 PVC       | 4 ABS                 | 6 Asbestos-Cement | 8 Concrete Tile          | <u>Rock</u>     |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 Steel  | 3 RMP (SR)               | 5 Wrought                              | 7 Fiberglass               | 9 Other (specify below)     |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 PVC  | 4 ABS                    | 6 Asbestos-Cement                      | 8 Concrete Tile            | <u>Rock</u>                 |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....<br>Grout Plug Intervals: From..... <u>5</u> .....ft. to..... <u>4.5</u> .....ft., From.....ft. to .....ft., From..... to.....ft.<br>What is the nearest source of possible contamination:<br><table><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table><br>Direction from well? ..... How many feet? ..... |                          |  |                            |                             |                           | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy | 12 Fertilizer storage |                   | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |                  | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 Septic tank  | 6 Seepage pit            | 11 Fuel storage                        | 16 Other (specify below)   |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 Sewer lines  | 7 Pit privy              | 12 Fertilizer storage                  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 Watertight sewer lines   | 8 Sewage lagoon          | 13 Insecticide storage                 |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 4 Lateral lines  | 9 Feedyard               | 14 Abandoned water well                |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 5 Cess Pool  | 10 Livestock pens        | 15 Oil well/Gas well                   |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <table border="1"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><u>42</u></td><td><u>34</u></td><td><u>SAND</u></td></tr><tr><td><u>34</u></td><td><u>5</u></td><td><u>Clay</u></td></tr><tr><td><u>5</u></td><td><u>4.5</u></td><td><u>Bentonite</u></td></tr><tr><td><u>4.5</u></td><td><u>0</u></td><td><u>Clay</u></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>   |                          |  |                            |                             |                           | FROM          | TO            | PLUGGING MATERIALS | <u>42</u>                | <u>34</u>               | <u>SAND</u> | <u>34</u>             | <u>5</u>          | <u>Clay</u>              | <u>5</u>        | <u>4.5</u>             | <u>Bentonite</u> | <u>4.5</u>      | <u>0</u>   | <u>Clay</u>             |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| FROM   | TO                       | PLUGGING MATERIALS                     |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>42</u>  | <u>34</u>                | <u>SAND</u>                            |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>34</u>  | <u>5</u>                 | <u>Clay</u>                            |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>5</u>   | <u>4.5</u>               | <u>Bentonite</u>                       |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <u>4.5</u>   | <u>0</u>                 | <u>Clay</u>                            |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>7-14-98</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year).....<br>..... under the business name of .....<br>by (signature)..... <u>Robert Bloomer</u> .....  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 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 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.  |                          |  |                            |                             |                           |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |                  |                 |            |                         |  |             |                   |                      |  |  |  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |