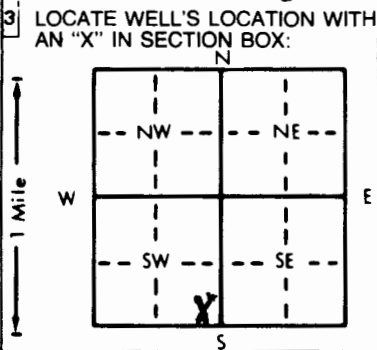


1 LOCATION OF WATER WELL: County: **Osborne** Fraction: **SE 1/4 SE 1/4 SW 1/4** Section Number: **7** Township Number: **T 7 S** Range Number: **R 13 E/W**

2 WATER WELL OWNER: **Eugene Mick**
 RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Osborne Ks 67473** Application Number: _____



4 DEPTH OF COMPLETED WELL: **50** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 1. **12.5** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: **12.5** ft. below land surface measured on **mo/day/yr 5-20-91**
 Pump test data: Well water was **unknown** ft. after **air developed** hours pumping **100** gpm
 Est. Yield **250** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9** in. to **50** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well
 2 Irrigation 4 Industrial 7 Lawn and garden only 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:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) _____
 2 PVC 4 ABS 7 Fiberglass _____
 Blank casing diameter: **6** in. to **25** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **15'** in., weight **325 cft** lbs./ft. Wall thickness or gauge No. **2.55**
 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 12 None used (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 8 Saw cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **2.5** ft. to **35** **0016 saw cut** ft., From _____ ft. to _____ ft.
 From **35** ft. to **45** **0030** ft., From **Jo f Screen** ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **10** ft. to **50** 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 **Hole Plug**
 Grout Intervals: From **0** ft. to **10** 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) **in soil**
 13 Insecticide storage 14 Abandoned water well
 Direction from well? **None visible**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	9	Top soil & clay	40	44 1/2	Sand & gravel w/ large broken rock
9	15	Sand med to coarse w broken rocks	44 1/2	50	Shale
15	20	Sand & clay blue			
20	25	Sand (med)			
25	35	Sand & gravel med w/ lot of large broken rocks			
35	40	Sand & gravel (med) some broken rock			

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/year) **5-20-91** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **165** This Water Well Record was completed on (mo/day/yr) **5-25-91** under the business name of **MARUHN Well Drilling Inc** by (signature) **Lesly Maruhn**

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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