

1 LOCATION OF WATER WELL: County: <u>Osborne</u>	Fraction <u>SW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>24</u>	Township Number <u>T 7 S</u>	Range Number <u>R 13 EW</u>
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Distance and direction from nearest town or city street address of well if located within city?
Approximately 1/4 mile west of Osborne

2 WATER WELL OWNER: Osborne, City of
 RR#, St. Address, Box # : c/o City Clerk
133 West Main Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Osborne, KS 67473 Application Number: 12,694

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	NW	NE	X
W	SW	SE	E
S			

4 DEPTH OF COMPLETED WELL: 62 ft. ELEVATION: unknown

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

WELL'S STATIC WATER LEVEL 37 ft. below land surface measured on mo/day/yr 9-6-91

Pump test data: Well water was not ch'd ft. after _____ hours pumping _____ gpm

Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 18 in. to 61 in. to _____ in. to _____ in.

WELL WATER TO BE USED AS:

<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 5 Public water supply	<input type="checkbox"/> 8 Air conditioning	<input type="checkbox"/> 11 Injection well
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 7 Lawn and garden only				

Was a chemical/bacteriological sample submitted to Department? Yes _____ No x _____; If yes, mo/day/yr sample was submitted Drilled near existing well Water Well Disinfected? Yes x No

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 8 in. to 47 ft., Dia. 8 in. to 61 ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 in., weight 5.54 lbs./ft. Wall thickness or gauge No. 322

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 <u>Stainless steel</u>	<input type="checkbox"/> 5 Fiberglass	<input 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) _____
<input type="checkbox"/> 12 None used (open hole)				

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
<input type="checkbox"/> 7 Torch cut				
<input type="checkbox"/> 10 Other (specify) _____				

SCREEN-PERFORATED INTERVALS: From 47 ft. to 57 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 36 ft. to 61 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Dirt 3 Bentonite 4 Other Bentonite Holeplug & Sand

Grout Intervals: From 5 ft. to 25 ft., From 0 ft. to 5 ft., From 25 ft. to 36 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 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 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	<input type="checkbox"/> None known

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil, clay			
3	15	Clay, sandy, silty			
15	33	Clay, brown			
33	36	Sand and gravel, fine, medium			
36	47	Clay, blue			
47	57	Sand and gravel, fine, medium			
57	61	Shale, black			

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) 9-6-91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/yr) 9-25-91 under the business name of Clarke Well & Equipment, Inc. by (signature) [Signature]

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