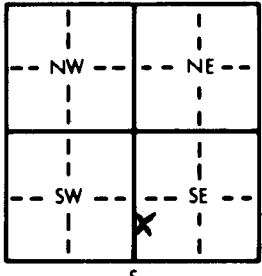


1 LOCATION OF WATER WELL: County: **Ottawa** Fraction: **NW 1/4 SW 1/4 SE 1/4** Section Number: **8** Township Number: **T 10 S** Range Number: **R 3 W E/W**

Distance and direction from nearest town or city street address of well if located within city?  
**4 Miles North - 1 1/2 East of Minneapolis**

2 WATER WELL OWNER: **Stephen C. Rupert** **REPLACEMENT WELL**  
 RR#, St. Address, Box #: **304 E. 2nd.** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **Minneapolis, Kansas 67467** Application Number: **27,688**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
  
 4 DEPTH OF COMPLETED WELL: **203'** ft. ELEVATION: **1128.2**  
 Depth(s) Groundwater Encountered: 1. **68'** ft. 2. **113'** ft. 3. **113'** ft.  
 WELL'S STATIC WATER LEVEL: **13'** ft. below land surface measured on **8-19-1981**  
 Pump test data: Well water was **200' 180'** ft. after **1** hours pumping **900 700** gpm  
 Est. Yield: **900** gpm; Well water was **19"** in. to **203'** ft., and **19"** in. to **203'** ft.  
 Bore Hole Diameter: **19"** in. to **203'** ft., and **19"** in. to **203'** ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
**X 2 Irrigation** 4 Industrial 7 Lawn and garden only 10 Observation well  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No **X**.....; 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) **X 6 Asbestos-Cement** 8 Concrete tile CASING JOINTS: Glued.....Clamped **X**.....  
 2 PVC 4 ABS 7 Fiberglass Welded.....  
 Blank casing diameter: **12"** in. to **164'** ft., Dia. in. to .....ft., Dia. in. to .....ft.  
 Casing height above land surface: **12"** in., weight: **23#** lbs./ft. Wall thickness or gauge No. **3/4"**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) **X 10 Asbestos-cement**  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify).....  
 12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped **X 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 **164** ft. to **203** ft., From .....ft. to .....ft.  
 From .....ft. to .....ft., From .....ft. to .....ft.  
 GRAVEL PACK INTERVALS: From **10** ft. to **203** ft., From .....ft. to .....ft.  
 From .....ft. to .....ft., From .....ft. to .....ft.

6 GROUT MATERIAL: 1 Neat cement **X 2 Cement grout** 3 Bentonite 4 Other.....  
 Grout Intervals: From **0** ft. to **10'** ft., From .....ft. to .....ft., From .....ft. to .....ft.  
 What is the nearest source of possible contamination: **NONE**  
 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? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Top Soil			
3	13	Clay - Soft			
13	19	Sandy Clay			
19	22	Clay - Soft			
22	25	Sandy Clay			
25	35	Clay - Soft			
35	51	Sandy - Fine			
51	68	Clay - Hard			
68	72	Clay - Off & On Sand Rock			
72	113	Clay - Hard			
113	203	Sand 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) **August 19, 1981** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **361** This Water Well Record was completed on (mo/day/yr) **Sept. 3, 1981** under the business name of **Cox-Beswick Irrigation Service, Inc.** by (signature) *Francis Cox*

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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T 10 R 3  
NW 1/4 SW 1/4 SE 1/4