USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

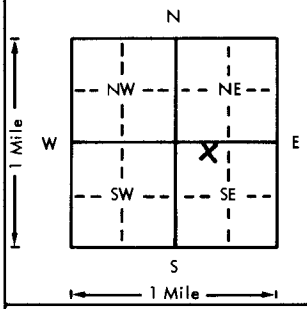
1. Location of well:	County	Fraction	Section number	Township number	Range number
	Ottowa	NE 1/4 NW 1/4 SE 1/4	30	T 10 S	R 3 E (W)

2. Distance and direction from nearest town or city: 1½ N
Street address of well location if in city: Minneapolis

3. Owner of well: Charles Carlson
R.R. ~~or street~~: #3
City, state, zip code: Minneapolis, Ks 67467

4. Locate with "X" in section below:

Sketch map:



6. Bore hole dia. 20 in. Completion date 8-22-77
Well depth 158 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
X Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material AC Height: Above ~~or below~~
Threaded ___ Welded ___ Surface 12 in.
RMP ___ PVC ___ Weight 24 lbs./ft.
Dia. 12 in. to 158 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth ~~gage No.~~ 3/4

5. Type and color of material	From	To
top soil & clay	0	38
sand	38	39
clay	39	46
sand	46	49
poor gravel	49	52
good gravel	52	53
clay	53	57
sand rock	57	158
shale	158	
(Use o second sheet if needed)		

10. Screen: Manufacturer's name Johnson
Concrete
Type transite Dia. 12
Slot/~~gauze~~ 1/8 Length 39
Set between 119 ft. and 158 ft.
___ ft. and ___ ft.
Gravel pack? YES Size range of material 1/8-1/4"

11. Static water level: mo./day/yr.
47 ft. below land surface Date 8-22-77

12. Pumping level below land surfaces:
152 ft. after 1 hrs. pumping 700 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 700 g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ___

14. Well head completion:
__ Pitless adapter 12 Inches above grade

15. Well grouted? YES
With: __ Neat cement __ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: NONE
ft. ___ Direction ___ Type ___
Well disinfected upon completion? ___ Yes X No

17. Pump: __ Not installed
Manufacturer's name WLR
Model number 6M HP 42 Volts ___
Length of drop pipe 155 ft. capacity 700 g.p.m.
Type:
__ Submersible X Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation: 1265
Topography:
X Hill
__ Slope
__ Uplond
__ Valley

19. Remarks:

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Geo Cox & Son Inc 258
Business name License No.
Address Clifton, Kansas
Signed Francis Cox Date 8-22-77
Authorized representative

T 10 R 3 (W) E Sec 30 1/4 1/4 1/4 NE/NW/SE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023