

1 LOCATION OF WATER WELL
 County: **OTTAWA** Fraction **NW 1/4 NE 1/4 NW 1/4** Section Number **39** Township Number **T 10 S** Range Number **R 4 E**
 Distance and direction from nearest town or city? **2 N - 4 1/2 W** Street address of well if located within city?
MINNEAPOLIS

2 WATER WELL OWNER: **JIM CORMAN**
 RR#, St. Address, Box #: **MINNEAPOLIS, KANSAS 67467** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **MINNEAPOLIS, KANSAS 67467** Application Number:

3 DEPTH OF COMPLETED WELL: **100** ft. Bore Hole Diameter: **8** in. to **100** ft., and _____ in. to _____ ft.
 Well Water to be used as:
 Domestic Feedlot Oil field water supply Air conditioning Injection well
 Irrigation Industrial Lawn and garden only Dewatering Other (Specify below)
 Well's static water level: **60** ft. below land surface measured on _____ **12** month _____ **10** day _____ **1980** year
 Pump Test Data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **20** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

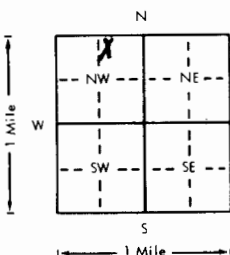
4 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Asbestos-Cement Concrete tile Other (specify below)
 PVC ABS Fiberglass Threaded
 Blank casing dia: **5** in. to **80** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **12** in., weight _____ lbs./ft. Wall thickness or gauge No. **258**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless steel Fiberglass RMP (SR) Other (specify)
 Brass Galvanized steel Concrete tile ABS None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot Mill slot Gauzed wrapped Saw cut None (open hole)
 Louvered shutter Key punched Wire wrapped Drilled holes
 Torch cut Other (specify)
 Screen-Perforation Dia: **5** in. to **100** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **80** ft. to **100** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **10** ft. to **100** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grouted Intervals: From **0** ft. to **10** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Cess pool Sewage lagoon Fuel storage Abandoned water well
 Sewer lines Seepage pit Feed yard Fertilizer storage Oil well/Gas well
 Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Watertight sewer lines
 Direction from well: **WEST** How many feet **100**? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: Submersible Turbine Jet Centrifugal Reciprocating Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on _____ **12** month _____ **10** day _____ **1980** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359**
 This Water Well Record was completed on _____ **12** month _____ **11** day _____ **80** year under the business name of **DARYL COX + SONS INC** by (signature) **Daryl Cox**

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	TOPSOIL			
2	9	RED CLAY			
9	46	SANDROCK			
46	51	RED CLAY			
51	74	BLUE CLAY			
74	75	HARD ROCK			
75	79	BLUE CLAY W/ ROCK LAYERS			
79	100	SANDROCK			
100		STOP			

ELEVATION:

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)
 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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 10
R 4
SEC 29
NW 1/4
NE 1/4
SW 1/4
SE 1/4