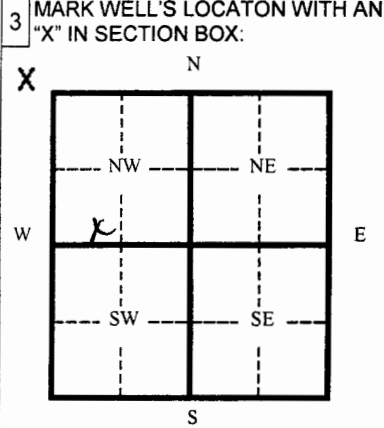


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ottawa	NE ¼ SW ¼ NW ¼	6	11 S	3 W

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: **City of Minneapolis**
 RR#, St. Address, Box # **218 North Rock**
 City, State, ZIP Code : **Minneapolis, Kansas 67467**

Board of Agriculture, Division of Water Resources
 Application Number: 7816



4 DEPTH OF WELL **214** ft.
 WELL'S STATIC WATER LEVEL **91** ft.

WELL WAS USED AS:

1 Domestic	<input checked="" type="radio"/> 5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes X No _____

5 TYPE OF BLANK CASING USED:

<input checked="" type="radio"/> 1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **12** in. Was casing pulled? Yes X No _____ If yes, how much **6'**
 Casing height above or below land surface **42** in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other **chl. sand**

Grout Plug Intervals From **214** ft. to **91** ft. From **91** ft. to **88** ft. From **88** ft. to **0** ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	none known
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/ Gas well	

Direction from well? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
214	91		chlorinated sand
91	88		bentonite
88	0		neat cement

RECEIVED
AUG 01 2006
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **July 1, 2006** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **102** This Water Well Record was completed on (mo/day/yr) _____ under the business name of **Layne Christensen** by (signature) *Russell W. Reddy*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.