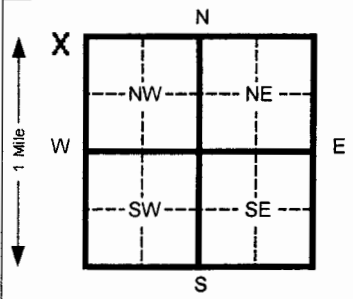


1 LOCATION OF WATER WELL: County: Ottawa	Fraction NE ¼ SW ¼ NW ¼	Section Number 6	Township Number T 11 S S	Range Number R 3 W EW
--	-----------------------------------	----------------------------	------------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?
Eighth and Argyle, Minneapolis, Kansas City Well No. 14

2 WATER WELL OWNER: **City of Minneapolis**
 RR#, St. Address, Box # : **218 North Rock** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Minneapolis, Kansas 67467** Application Number:

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



4 DEPTH OF COMPLETED WELL **214** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **91** ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr **July 1, 2006**
 Pump test data: Well water was **116.5** ft. after **12** hours pumping **500** gpm
 Est. Yield **500** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No _____ If yes, mo/day/yr sample was submitted **January 6, 2006** Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass **Certi-lok spline** Threaded _____
 Blank casing diameter **16** in. to **144** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **pitless** in., weight _____ lbs./ft. Wall thickness or gauge No. **616**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____
 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 6 Wire wrapped 9 Drilled holes
 1 Continuous slot 3 Mill slot 7 Torch cut 10 Other (specify) _____
 2 Louvered shutter 4 Key punched
 SCREEN-PERFORATED INTERVALS: From **144** ft. to **214** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **90** ft. to **214** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals From **25** ft. to **5** ft. From **25** ft. to **90** ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 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 **none known**
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5		top soil			
5	15		tan clay			
15	20		sand/fine/medium			
20	140		clay with sand stringers			
140	145		sand, fine to medium			
145	214		sandstone			
214			blue shale			

RECEIVED

AUG 01 2006

BUREAU OF WATER

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/yr) **July 5, 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) **7/14/2006**
 under the business name of **Layne Christensen** by (signature) *Russell W. Christensen*

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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

T

R

SEC