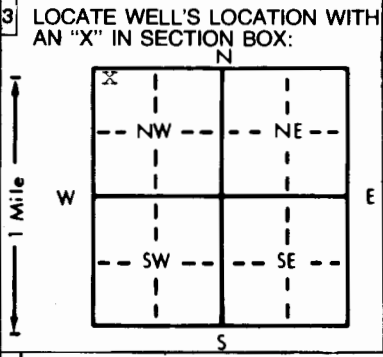


1 LOCATION OF WATER WELL: County: <u>Ottawa</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>1</u>	Township Number <u>T 12 S</u>	Range Number <u>R 4 W</u>
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Distance and direction from nearest town or city street address of well if located within city?
6 South of Minneapolis

2 WATER WELL OWNER: Wayne Reed
 RR#, St. Address, Box # : Minneapolis, Kansas 67467
 City, State, ZIP Code : _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF COMPLETED WELL 120 ft. ELEVATION: 1395

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 85 ft. below land surface measured on mo/day/yr 9/23/1983

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield 30 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 9 in. to 120 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 6 Oil field water supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 11 Injection well	<input type="checkbox"/> 12 Other (Specify below)
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 7 Lawn and garden only	<input type="checkbox"/> 10 Observation well		

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought iron	<input type="checkbox"/> 8 Concrete tile	CASING JOINTS: <input checked="" type="checkbox"/> Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)	<input type="checkbox"/> Welded
		<input type="checkbox"/> 7 Fiberglass		<input type="checkbox"/> Threaded

Blank casing diameter 5 in. to 90 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 12 in., weight 3 lbs./ft. Wall thickness or gauge No. 258

TYPE OF SCREEN OR PERFORATION MATERIAL:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 8 RMP (SR)	<input type="checkbox"/> 11 Other (specify)
			<input type="checkbox"/> 9 ABS	<input type="checkbox"/> 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From 90 ft. to 120 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 14 ft. to 120 ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 4 ft. to 14 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 15 Oil well/Gas well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 16 Other (specify below)
			<input type="checkbox"/> 13 Insecticide storage	

Direction from well? 200 South How many feet? 200

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	<u>61</u> brown clay			
3	36	sandrock			
36	60	sandrock w/ <u>2</u> clay layers			
60	120	<u>23</u> sandrock			
120		stop			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (3) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 9/23/1983 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 (mo/day/yr) 9/23/1983 under the business name of Daryl Cox & Sons Inc. by (signature) [Signature]

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.