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
CLOUD	SW 1/4 SE 1/4 SE 1/4	35	T 8 S	R 3 EW

2. Distance and direction from nearest town or city: 1 E - 2 N

Street address of well location if in city: Delphos

3. Owner of well: CLYDE HALDERSTEDT EST.
R.R. or street:
City, state, zip code: DELPHOS, KANS 67436

4. Locate with "X" in section below: Sketch map:

N

NW | NE
W | E
SW | SE X

S
|—— 1 Mile ——|
1 Mile

6. Bore hole dia. 8 in. Completion date
Well depth 140 ft. 12-27-78

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

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

9. Casing: Material PVC Height Above or below
Threaded ____ Welded X Surface 12 in.
RMP ____ PVC X Weight 3 lbs./ft.
Dia. 5 in. to 140 ft. depth Wall Thickness: inches or
Dia. __ in. to __ ft. depth gage No. 1258

5. Type and color of material

Type and color of material	From	To
TOPSOIL	0	3
BROWN CLAY	3	10
SANDROCK	10	40
RED CLAY	40	100
SANDROCK	100	140
STOP	140	
(Use a second sheet if needed)		

10. Screen: Manufacturer's name FUMPLO
Type PVC Dia. 20
Slot gauge 1/16 Length
Set between 120 ft. and 140 ft.
____ ft. and ____ ft.
Gravel pack? YES Size range of material 4x4

11. Static water level: mo./day/yr.
80 ft. below land surface Date 12-27-78

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after NA hrs. pumping ____ g.p.m.
Estimated maximum yield 30 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: X Neat cement ____ Bentonite ____ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination: N/A
ft. ____ Direction ____ Type ____
Well disinfected upon completion? X Yes ____ No

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

18. Elevation: 1443

Topography:
__ Hill
__ Slope
X Upland
__ 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.
Daryl Cox Sons Inc 359
Business name License No.
Address Clifton Kans 66937
Signed Daryl Cox Date 1-16-79
Authorized representative

T 8 | R 3 W | Sec 35 | SW 1/4 SE 1/4 SE 1/4

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

Form WWC-5

MI-1023