

1 LOCATION OF WATER WELL
 County: **OTTOWA** Fraction: **SE 1/4 SW 1/4 SW 1/4** Section Number: **20** Township Number: **T 9 S** Range Number: **R 2 EW**

Distance and direction from nearest town or city? **10 E 2 S** Street address of well if located within city?
DELPHOS

2 WATER WELL OWNER: **MARK SAUNDERS**
 RR#, St. Address, Box #: **RT 1** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **DELPHOS, KANSAS 67436** Application Number:

3 DEPTH OF COMPLETED WELL... **130** ft. Bore Hole Diameter... **10 E** in. to... **130** ft., and... in. to... ft.
 Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level... **40** ft. below land surface measured on... **7** month... **21** day... **80** year
 Pump Test Data : Well water was... **NA** ft. after... hours pumping... gpm
 Est. Yield **60** gpm: Well water was... ft. after... hours pumping... gpm

4 TYPE OF BLANK CASING USED:
 PVC 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped
 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia... in. to... 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... **1351**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 PVC 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 Saw cut 5 Gauzed wrapped 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia... **5** in. to... **130** ft., Dia... in. to... ft., Dia... in. to... ft.
 Screen-Perforated Intervals: From... **110** ft. to... **130** ft., From... ft. to... ft.
 Gravel Pack Intervals: From... **13** ft. to... **130** ft., From... ft. to... ft.

5 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From... **3** ft. to... **13** ft., From... ft. to... ft., From... ft. to... ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 Direction from well... **SOUTH** How many feet... **450**? 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: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 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... **REDRILLED**... **9** month... **25** day... **80** 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... **9** month... **30** 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 | 1 | TOPSOIL | | | |
| 1 | 30 | SANDROCK | | | |
| 30 | 25 | BLUE CLAY | | | |
| 25 | 71 | SANDROCK | | | |
| 71 | 83 | BLUE CLAY | | | |
| 83 | 85 | HARD ROCK | | | |
| 85 | 130 | SAND ROCK | | | |
| 130 | | STOP | | | |

ELEVATION: **1390**

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