

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 OTTOWA	Fraction SE 1/4 NW 1/4 NE 1/4	Section number 6	Township number T 9 S R 3 E W	Range number																																				
2. Distance and direction from nearest town or city:	3-E 2-N 1-E		3. Owner of well: ARMON HURTIG																																						
Street address of well location if in city:	DELPHOS		R.R. or street: RR City, state, zip code: DELPHOS, KANS 67436																																						
4. Locate with "X" in section below:			Sketch map:																																						
			6. Bore hole dia. 8 in. Completion date _____ Well depth 100 ft. 3-31-78																																						
5. Type and color of material			7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary																																						
			8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:15%;">From</th> <th style="width:15%;">To</th> </tr> </thead> <tbody> <tr><td>TOPSOIL</td><td>0</td><td>3</td></tr> <tr><td>GRAY CLAY</td><td>3</td><td>8</td></tr> <tr><td>BROWN CLAY</td><td>8</td><td>14</td></tr> <tr><td>SANDROCK</td><td>14</td><td>15</td></tr> <tr><td>RED CLAY</td><td>15</td><td>19</td></tr> <tr><td>SANDROCK</td><td>19</td><td>44</td></tr> <tr><td>RED CLAY</td><td>44</td><td>48</td></tr> <tr><td>BLUE CLAY</td><td>48</td><td>66</td></tr> <tr><td>SANDROCK</td><td>66</td><td>94</td></tr> <tr><td>BLUE CLAY</td><td>94</td><td>100</td></tr> <tr><td>STOP</td><td>100</td><td></td></tr> </tbody> </table>				From	To	TOPSOIL	0	3	GRAY CLAY	3	8	BROWN CLAY	8	14	SANDROCK	14	15	RED CLAY	15	19	SANDROCK	19	44	RED CLAY	44	48	BLUE CLAY	48	66	SANDROCK	66	94	BLUE CLAY	94	100	STOP	100		9. Casing: Material PVC Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 100 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. 1258		
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STOP	100																																								
			10. Screen: Manufacturer's name _____ PUMPCO Type PVC Dia. 5" Slot gauze 1/16 Length 20' Set between 80 ft. and 100 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material 5x4																																						
			11. Static water level: _____ mo./day/yr. 20 ft. below land surface Date 3-31-78																																						
			12. Pumping level below land surfaces: _____ ft. after _____ hr. pumping _____ g.p.m. _____ ft. after _____ hr. pumping _____ g.p.m. Estimated maximum yield 15 g.p.m.																																						
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____																																						
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade																																						
			15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.																																						
			16. Nearest source of possible contamination: SEPTIC ft. 50 Direction WEST Type TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																						
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																																						
(Use a second sheet if needed)																																									
18. Elevation: ~1395	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 COXT SONS INC 359 Business name License No. _____ Address ELIOTON KANS 66937 Signed Daryl Cox Date 4-20-78 Authorized representative																																						

9-306-6 SEVILLE
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5