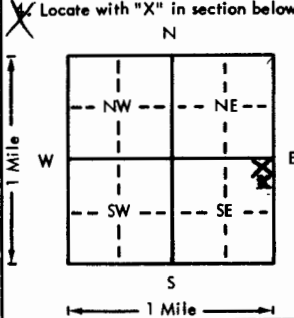


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 <b>Ottawa</b>	Section <b>NE 1/4 NE 1/4 SE 1/4</b>	Section number <b>8</b>	Township number <b>T 9 S R 3</b>	Range number <b>3</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:		
2. Distance and direction from nearest town or city: <b>5 miles east and 1/2 mile north of Delphos</b> Street address of well location if in city:			3. Owner of well: <b>State Of Kansas State Office Bldg. Topeka, Kansas</b> R.R. or street: City, state, zip code:		
X Locate with "X" in section below: 		Sketch map: <b>Well Location - Delphos Rest Area US 81 (west side)</b>		6. Bore hole dia. <b>36</b> in. Completion date _____ Well depth <b>21</b> ft.	
5. Type and color of material		From	To	7. Cable tool ___ Rotary ___ Driven <input checked="" type="checkbox"/> Dug ___ Hollow rod ___ Jetted ___ Bored ___ Reverse rotary	
Well was cut down approximately 3 1/2 feet from the top, filled within 3 feet with sand, the remaining 3 feet was filled with concrete.				8. Use: ___ Domestic <input checked="" type="checkbox"/> Public supply ___ Industry ___ Irrigation ___ Air conditioning ___ Stock ___ Lawn ___ Oil field water ___ Other	
Well was capped May 16, 1979				9. Casing: Material <b>Steel</b> Height: Above or below Threaded ___ Welded ___ Surface ___ in. RMP ___ PVC ___ Weight ___ lbs./ft. Dia. ___ in. to ___ ft. depth Wall Thickness: inches or Dia. ___ in. to ___ ft. depth gage No. _____	
I. D. Spillman, Kansas Dept. of Trans. Maint. Superintendent				10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? ___ Size range of material _____	
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes ___ No ___ Date _____	
				14. Well head completion: ___ Pitless adapter ___ Inches above grade	
				15. Well grouted? ___ With: ___ Neat cement ___ Bentonite ___ Concrete Depth: From _____ ft. to _____ ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? ___ Yes ___ No	
				17. Pump: ___ 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	
(Use a second sheet if needed)					
18. Elevation:  Topography: ___ Hill ___ Slope ___ 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.  Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative		

T 9  
 R 3  
 W E  
 Sec 8  
 1/4 NE 1/4 NE 1/4  
 1/4 NE 1/4 NE 1/4  
 1/4 NE 1/4 NE 1/4