

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>OTTOWA</b>	Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>	Section number <b>18</b>	Township number T <b>9</b> S R <b>3</b> <span style="float:right">(NW)</span>	Range number
2. Distance and direction from nearest town or city: <b>3 EAST</b>			3. Owner of well: <b>JIM HART</b>			
Street address of well location if in city: <b>DELPHOS</b>			R.R. or street: <b>RR #1</b>			
			City, state, zip code: <b>DELPHOS, KANSAS</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>5/29/76</b> Well depth <b>90</b> ft.		
				7. <input 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material		From	To	9. Casing: Material <b>PVC</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>2</b> lbs./ft. Dia. <b>5</b> in. to <b>90</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1214</b>		
<b>TOPSOIL</b>		<b>0</b>	<b>3</b>	10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5</b> <input checked="" type="checkbox"/> Slotted gauze <b>1/4</b> Length <b>20'</b> Set between <b>70</b> ft. and <b>90</b> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <b>4x4</b>		
<b>BROWN CLAY</b>		<b>3</b>	<b>11</b>	11. Static water level: <input type="checkbox"/> mo./day/yr. <b>20</b> ft. below land surface Date <b>5/29/76</b>		
<b>PURPLE CLAY</b>		<b>11</b>	<b>18</b>	12. Pumping level below land surface: ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>7.5</b> g.p.m.		
<b>BROWN CLAY</b>		<b>18</b>	<b>20</b>	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date <input type="checkbox"/>		
<b>YELLOW CLAY w/ ROCK LAYERS</b>		<b>20</b>	<b>24</b>	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
<b>SANDROCK</b>		<b>24</b>	<b>33</b>	15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
<b>GRAY SANDROCK</b>		<b>33</b>	<b>46</b>	16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>EAST</b> Type <b>LOTS</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>BROWN CLAY</b>		<b>46</b>	<b>50</b>	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		
<b>RED CLAY</b>		<b>50</b>	<b>64</b>	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. <b>Geo Cox + Sons Inc 258</b> Business name _____ License No. _____ Address <b>ELIOTON, KANS</b> Signed <b>David Cox</b> Date <b>5/29/76</b> Authorized Representative		
<b>GRAY SANDROCK</b>		<b>64</b>	<b>83</b>			
<b>GRAY CLAY</b>		<b>83</b>	<b>87</b>			
<b>BLUE CLAY</b>		<b>87</b>	<b>91</b>			
<b>RED CLAY</b>		<b>91</b>	<b>113</b>			
<b>BLUE SHALE</b>		<b>113</b>	<b>140</b>			
<b>STOP</b>		<b>140</b>				
(Use a second sheet if needed)						
18. Elevation:		19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 9  
R 3  
S 18  
Sec 18  
1/4  
1/4  
1/4

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

Form WWC-5