

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 OTTAWA Fraction SW 1/4 SW 1/4 NW 1/4 Section number 19 Township number T 9 S R 3 Range number EW	
2. Distance and direction from nearest town or city: 3 E - 2 S Street address of well location if in city: DELPHOS	
3. Owner of well: LEROY BREMERMAN R.R. or street: ROUTE 1 City, state, zip code: DELPHOS, KANS 67436	
4. Locate with "X" in section below: Sketch map: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>1 Mile</p> <p>1 Mile</p> </div> </div>	
5. Type and color of material	
	From To
TOPSOIL	0 3
BROWN CLAY	3 10
SANDROCK	10 18
BROWN CLAY	18 40
SANDROCK	40 58
BLUE CLAY	58 90
SANDROCK	90 105
BLUE CLAY W/ ROCK LAYERS	105 120
RED CLAY	120 145
BROWN CLAY W/ ROCK LAYERS	145 180
SANDROCK W/ CLAY LAYERS	180 190
SANDROCK	190 263
(Use a second sheet if needed)	
18. Elevation: ~1315 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
6. Bore hole dia. 10 in. Completion date 8-4-79 Well depth 250 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	
9. Casing: Material PVC Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 2 lbs./ft. Dia. 6 in. to 250 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Age No. 258	
10. Screen: Manufacturer's name PUMPCO Type PVC Dia. 6" Slot/gauge 1/16" Length 40' Set between 210 ft. and 250 ft. ft. and <input type="checkbox"/> ft. Gravel pack? YES Size range of material 5X4	
11. Static water level: <input type="checkbox"/> mo./day/yr. 60 ft. below land surface Date 8-4-79	
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after NA hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 300 g.p.m.	
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade	
15. Well grouted? 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: FEED LOT ft. 1400 Direction N E Type LOT Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
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 CLAYTON KANS 66937 Signed Daryl Cox Date 8-16-79 Authorized representative	

T 9 S R 3 E W
 Sec 19
 1/4 1/4 1/4

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

Form WWC-5