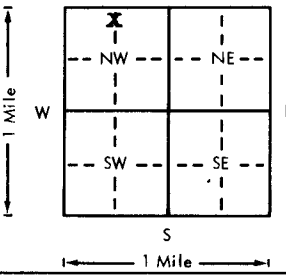


USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

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 C 1/4 n¹/₂ 1/4 nw 1/4 | Section number 30 | Township number T 9 S R 3 E 0 | Range number |
| 2. Distance and direction from nearest town or city: From Delphos, KS 3-E 2-S 1/2-E Street address of well location if in city: South side | | | 3. Owner of well: Howard Constable R.R. or street: none City, state, zip code: Delphis, Kansas 67436 | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | | Sketch map:  | | |
| 5. Type and color of material | | | From | To | 6. Bore hole dia. 29 in. Completion date _____ Well depth 215 ft. 8-10-76 |
| top soil | | | 0 | 3 | 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 |
| clay | | | 3 | 4 | 8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 |
| sand rock | | | 4 | 6 | 9. Casing: Material transite Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 215 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; Gauge No. 7/8 |
| clay | | | 6 | 11 | 10. Screen: Manufacturer's name _____ Johnson Type transite Dia. _____ Slot 3/16 3/16 Length 65 Set between 150 ft. and 215 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1 3/4 3/8 |
| fire clay | | | 11 | 14 | 11. Static water level: _____ mo./day/yr. 60 ft. below land surface Date 2-23-76 |
| rock | | | 14 | 16 | 12. Pumping level below land surfaces: na _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m. |
| fire clay | | | 16 | 44 | 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 2-23-76 |
| sand rock | | | 44 | 56 | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade |
| fire clay | | | 56 | 83 | 15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. |
| sand rock | | | 83 | 85 | 16. Nearest source of possible contamination: ft. 600 Direction west Type septic Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| fire clay | | | 85 | 110 | 17. Pump: _____ Not installed Manufacturer's name Layne Bowler Model number 9-10RM HP 75 Volts _____ Length of drop pipe 200 ft. capacity 800 g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
| shale | | | 110 | 155 | 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. Rosencrantz-Bemis 134 Business name License No. Address Great Bend, Kansas 67530 Signed Sandy K. Gilmore Date 6-19-79 Authorized representative |
| sand rock | | | 155 | 215 | |
| hard shale | | | 215 | 240 | |
| (Use a second sheet if needed) | | | | | |
| 18. Elevation: ~1370 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | 19. Remarks: | | | | |

T 9 S R 3 E 0 NW

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

Form WWC-5