

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>	Fraction <b>NW<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub> SW<sup>1</sup>/<sub>4</sub></b>	Section number <b>2</b>	Township number T <b>9</b> S R <b>4</b> EW	Range number
2. Distance and direction from nearest town or city:	<b>1-E - 1 1/2 N</b>		3. Owner of well: <b>ERNEST LYNCH</b>		
Street address of well location if in city:	<b>DELPHOS</b>		R.R. or street: <b>RT #1</b>		
4. Locate with "X" in section below:			Sketch map:		
			6. Bore hole dia. <b>8</b> in. Completion date <b>10/2/76</b> Well depth <b>196</b> ft.		
5. Type and color of material			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 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		
			9. Casing: Material <b>PVC</b> Height: <b>0</b> above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>14</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1214</b>		
			10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5"</b> Slot gauze <b>1/16"</b> Length <b>20'</b> Set between <b>176</b> ft. and <b>196</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>YES</b> Size range of material <b>20 x 4</b>		
			11. Static water level: <input type="checkbox"/> mo./day/yr. <b>78</b> ft. below land surface Date <b>10/2/76</b>		
			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 <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <b>50</b> g.p.m.		
			13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
			14. Well head completion: <input type="checkbox"/> Pitless adapter <b>14</b> inches above grade		
			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.		
			16. Nearest source of possible contamination: <b>SEPTIC</b> ft. <b>60</b> Direction <b>SOUTH</b> Type <b>TANK</b> 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		
			(Use a second sheet if needed)		
18. Elevation: <b>~1335</b>	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. <b>GEO Cox &amp; Sons Inc 258</b> Business name License No. Address <b>WILTON, KANS</b> Signed <b>Raymond Cox</b> Date <b>10/2/76</b> Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

9-4-W-2-11/11/76  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5