

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 SW 1/4 NE 1/4</b>	Section number <b>16</b>	Township number T <b>9</b> S R <b>4</b> E <b>W</b>	Range number
2. Distance and direction from nearest town or city: <b>WEST EDGE</b>			3. Owner of well: <b>DELPHOS CO-OP ELEVATOR</b>		
Street address of well location if in city: <b>OF DELPHOS</b>			R.R. or street: City, state, zip code: <b>DELPHOS, KANS 67436</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>40</b> ft. <b>3-17-78</b>	
				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 checked="" 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	
5. Type and color of material		From To		9. Casing: Material <b>PVC</b> Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>3</b> lbs./ft. Dia. <b>5</b> in. to <b>40</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. <b>1258</b>	
				10. Screen: Manufacturer's name _____ <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5"</b> Slot gauge <b>1/16</b> Length <b>20'</b> Set between <b>20</b> ft. and <b>40</b> ft. _____ ft. and _____ ft. Gravel pack? <b>YES</b> Size range of material <b>4x14</b>	
				11. Static water level: _____ mo./day/yr. <b>18</b> ft. below land surface Date <b>3-17-78</b>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>30+</b> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</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: ft. <b>20</b> Direction <b>N</b> Type <b>GRAIN</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 _____ 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	
(Use a second sheet if needed)					
18. Elevation:		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>DARYL COX + SONS INC 359</b> Business name License No. _____ Address <b>CLIFTON KANS 66937</b> Signed <b>Daryl Cox</b> Date <b>3-20-78</b> Authorized representative	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T-2  
R-4  
E-16  
S-16  
SW 1/4  
SW 1/4  
SW 1/4

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

Form WWC-5