

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

9 34W 26 N WESW  
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

NW 1/4 NE 1/4

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>OTTOWA</b>	Township name <b>SHERIDAN SW 1/4</b>	Fraction <b>1/4</b>	Section number <b>26</b>	Town number <b>T95</b>	Range number <b>R4W</b>
Distance and direction from nearest town or city: <b>1 EAST 2 SOUTH</b>			3 Owner of well: <b>PHILLIS KAISER + FRANK WHITE DELPHOS, KANSAS</b>			
Street address of well location if in city: <b>OF DELPHOS</b>			Address: <b>DELPHOS, KANSAS</b>			
Locate with "X" in section below: N W X E S 1 Mile		Sketch map: <b>NO CONTAMINATION A MILE EACH WAY</b> <b>← ⊗ →</b> <b>DRAINAGE</b> <b>CH</b>		4 Well depth: <b>238</b> ft. Date of completion <b>10/14/75</b> Well diameter <b>6</b> in.		
2 Type and color of material		From		To		5 <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
		<b>TOPSOIL</b>		<b>0 2</b>		6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Test well <input type="checkbox"/>
		<b>GRAY CLAY</b>		<b>2 42</b>		7 Casing: Material _____ Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. Diam. _____ Weight _____ lbs./ft. _____ _____ in. to _____ ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
		<b>SANDY CLAY</b>		<b>42 52</b>		8 Screen: Manufacturer _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ Fittings: Gravel pack <input type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
		<b>GRAVEL</b>		<b>52 60</b>		9 Static water level: _____ ft. below land surface Date _____
		<b>SANDROCK</b>		<b>60 82</b>		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
		<b>GRAY CLAY W/ ROCK LAYERS</b>		<b>90 109</b>		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
		<b>HARD ROCK</b>		<b>109 110</b>		12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
		<b>GRAY CLAY</b>		<b>110 137</b>		13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
		<b>RED CLAY</b>		<b>137 141</b>		14 Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SAND ROCK</b>		<b>141 145</b>		15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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>BLUE CLAY</b>		<b>145 156</b>		17 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 LOX + SONS INC 258</b> Business name License No. Address <b>DELTON, KANSAS</b> Signed <b>Raymond</b> Date <b>10/14/75</b> Authorized representative		
<b>HARD ROCK</b>		<b>156 161</b>				
<b>SANDROCK</b>		<b>161 237</b>				
<b>HARD ROCK</b>		<b>237 238</b>				
<b>STOP</b> (Use a second sheet if needed)		<b>238</b>				
16 Remarks: elevation <b>≈ 1270</b> Topography: <b>HOLE PLUGGED</b> <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

9  
4W  
26  
NWESW

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5