

1 LOCATION OF WATER WELL: County: OTTAWA	Fraction NE ① ¼ ¼	Section Number 16	Township Number 9S	Range Number 4W
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Distance and direction from nearest town or city street address of well if located within city?
SW CORNER OF STRICKLERS AVE + E. 1ST ST IN DELPHOS, KS

2 WATER WELLOWNER: CITY OF DELPHOS, KS RR #, St. Address, Box #: PO BOX 376 City, State, ZIP Code : DELPHOS, KS 67436	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
NW		NE	
			X
W			E
SW		SE	
S			

4 DEPTH OF WELL **33** ft
 WELL'S STATIC WATER LEVEL **17** ft.
 WELL WAS USED AS:

1 Domestic	⑤ Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No **X**.....
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes **X**..... No

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	⑨ Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	BRICK

Blank casing diameter **2.1 FT** X Was casing pulled? Yes **X**..... No If yes, how much **6.5 FT**.....
 Casing height above or below land surface **18** in.

6 GROUT PLUG MATERIAL: 1 Neat cement ② Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From **4.5** ft. to **5.0** ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage
4 Lateral lines	9 Feedyard	⑬ Abandoned water well
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well

Direction from well? **EAST** How many feet? **45**

FROM	TO	PLUGGING MATERIALS
33'	17'	SAND
17'	5.0'	NATURAL CLAY
5.0'	4.5'	CEMENT GROUT
4.5'	0.5'	SURFACE SOILS
0.5'	0.0'	TOPSOIL FILL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **2/27/15** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **N/A** This Water Well Record was completed on (mo/day/year) **4/14/15** under the business name of **CITY OF DELPHOS, KS** by (signature) **Kayla Paige**

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.