

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 <u>Ottawa</u>	Fraction <u>SW 1/4 NW 1/4 SW 1/4</u>	Section number <u>14</u>	Township number T <u>9</u> S	Range number R <u>5</u> E <u>(W)</u>
2. Distance and direction from nearest town or city: <u>3 W - 1 S - 1 W</u>			3. Owner of well: <u>Abba House, Inc</u>			
Street address of well location if in city: <u>of Delphos</u>			R.R. or street: <u>Box 173</u>			
			City, state, zip code: <u>Delphos, Kansas 67436</u>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>7-15-78</u> Well depth <u>225</u> ft.		
				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 <u>PVC</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>3</u> lbs./ft. Dia. <u>5</u> in. to <u>225</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>225</u> ft. depth gage No. <u>258</u>		
5. Type and color of material		From	To	10. Screens: Manufacturer's name <u>Pumper Supply</u>		
<u>clay</u>		<u>0</u>	<u>90</u>	Type <u>PVC</u> Dia. <u>0.5"</u>		
<u>sand rock</u>		<u>90</u>	<u>103</u>	Slot/gauge <u>1/16"</u> Length <u>20'</u>		
<u>clay</u>		<u>103</u>	<u>195</u>	Set between <u>205</u> ft. and <u>225</u> ft.		
<u>sand rock</u>		<u>195</u>	<u>225</u>	Gravel pack? <input checked="" type="checkbox"/> YES Size range of material <u>1/8 - 1/4</u>		
<u>clay</u>				11. Static water level: _____ mo./day/yr. <u>165</u> ft. below land surface Date <u>7-15-78</u>		
				12. Pumping level below land surfaces: <u>220</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>12</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>NONE</u> ft. _____ Direction _____ Type _____ 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. <u>COX-BESWICK</u> <u>361</u> Business name _____ License No. _____ Address <u>Clyton, Kansas</u> Signed <u>Francis Cox</u> Date <u>7-15-78</u> Authorized representative
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

9-50-14 SUBWELL

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

Form WWC-5