

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 OTTOWA	Fraction NW 1/4 NE 1/4 NE 1/4	Section number 14	Township number T 9 S R 5 E W	Range number 5
2. Distance and direction from nearest town or city: 4 WEST OF DELPHOS			3. Owner of well: DANA HAUCK			
Street address of well location if in city:			R.R. or street: DELPHOS, KANSAS 67434			
City, state, zip code:						
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 3 in. Completion date 12/22/75 Well depth 160 ft.		
				7. <input checked="" 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		
5. Type and color of material		From	To	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
TOPSOIL		0	2	9. Casing: Material PVC Height Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 15 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 3 lbs./ft. Dia. 5 in. to 160 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 160TH		
BROWN CLAY		2	5	10. Screen: Manufacturer's name JESS & LOWELL Type PVC Dia. 5" Slot/auze 1/4" Length 20' Set between 160' ft. and 140 ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/4" X 1/4"		
SANDY CLAY GRAY		5	13	11. Static water level: <input type="checkbox"/> mo./day/yr. 84 ft. below land surface Date 12/22/75		
RED CLAY		13	26	12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield 35 g.p.m.		
GRAY CLAY		26	29	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
RED CLAY		29	45	14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
GRAY CLAY		45	72	15. Well grouted? <input checked="" type="checkbox"/> Yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.		
GRAY CLAY W/ROCK LAYERS		72	77	16. Nearest source of possible contamination: ft. ____ Direction N/A Type ____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
HARD ROCK		77	78	17. Pump: Manufacturer's name <input checked="" type="checkbox"/> Not installed 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		
GRAY CLAY		78	87	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. Geo Cox & Sons Inc 258 Business name License No. ____ Address Delphos, Kansas Signed Dan Hauck 12/22/75 Authorized representative		
BROWN CLAY		87	93			
RED CLAY		93	128			
RED ROCK		128	131			
RED CLAY		131	146			
SAND ROCK		146	158			
GRAY CLAY (Use a second sheet if needed)		158	160			
18. Elevation: ~1470	19. Remarks: STOP 160 Well is on side hill w/ a pedlot to be built below, owner knows all requirements					
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

9-5-W
 14
 1/4 1/4
 NAME
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5