

1 LOCATION OF WATER WELL
 County: **OTTAWA** Fraction: **SW 1/4 SE 1/4 SW 1/4** Section Number: **16** Township Number: **T 9 S** Range Number: **R 5 E**
 Distance and direction from nearest town or city? **10 WEST DELPHOS** Street address of well if located within city?

2 WATER WELL OWNER: **DELBERT PARKS**
 RR#, St. Address, Box #: **DELPHOS, KANSAS 67436** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **DELPHOS, KANSAS 67436** Application Number:

3 DEPTH OF COMPLETED WELL: **221** ft. Bore Hole Diameter: **8** in. to **221** ft. and **221** in. to **221** ft.
 Well Water to be used as:
 Domestic 3 Feedlot 6 Oil field water supply 8 Air conditioning 11 Injection well
 Irrigation 4 Industrial 7 Lawn and garden only 9 Dewatering 12 Other (Specify below)
 Well's static water level: **185** ft. below land surface measured on **6** month **23** day **80** year
 Pump Test Data: Well water was **NA** ft. after **NA** hours pumping **NA** gpm
 Est. Yield **10** gpm: Well water was **NA** ft. after **NA** hours pumping **NA** gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 8 Concrete tile Casing Joints: Glued **X** Clamped
 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded
 2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Threaded
 Blank casing dia: **5** in. to **201** ft., Dia **3** lbs./ft. Wall thickness or gauge No **1258**
 Casing height above land surface: **12** in., weight
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: **5** in. to **221** ft., Dia **5** in. to **221** ft., Dia
 Screen-Perforated Intervals: From **201** ft. to **221** ft. From **201** ft. to **221** ft.
 Gravel Pack Intervals: From **10** ft. to **221** ft. From **10** ft. to **221** ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From **0** ft. to **10** ft. From **0** ft. to **10** ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines **DITCH**
 Direction from well: **NORTH** How many feet: **150**? Water Well Disinfected? Yes **X** No
 Was a chemical/bacteriological sample submitted to Department? Yes **X** No **X** If yes, date sample was submitted: **NA** month **NA** day **NA** year: Pump installed? Yes **X** No **X**
 If Yes: Pump Manufacturer's name: **NA** Model No. **NA** HP **NA** Volts **NA**
 Depth of Pump Intake: **NA** ft. Pumps Capacity rated at **NA** gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **6** month **25** day **80** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **359**
 This Water Well Record was completed on **6** month **26** day **80** year under the business name of **DARYL COX & SONS INC** by (signature) **Daryl Cox**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	3	TOPSOIL			
	3	17	BROWN CLAY			
	17	22	RED CLAY			
	22	24	GRAY CLAY			
	24	28	SANDROCK			
	28	31	GRAY CLAY			
	31	180	BLUE CLAY			
	180	221	BLUE CLAY w/ SANDROCK LAYERS			
	221		STOP			

ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
9
R
5
SEC.
S
W
1/4
S
E
1/4
S
W
1/4