WATER WELL RECORD
KSA 820-1201-1215
NE NO NO DO

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

| 1 Location of well. County | Township name | Fraction NWNL | WAG | Section | on number | | Town number 1/85 | Range number | |
|--|---------------------------|------------------|-----|---------------------------|-----------|---|---|---------------------------|-----|
| | | | | or of well: Griffin, Owen | | | | | 1 |
| Street address of well location if in city: | | | | ess: Rfd. Meriden | | | | | |
| Locate with "X" in section below: N | | | | | | 4 We | II depth:ft. De | ate of completion $6/2.7$ | 775 |
| X • ; ; | | | | | | 5 X Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary | | | |
| | | | | | | | : X Domestic Public | supply Industry | |
| W E | | | | | | | Test well | nditioning Commercial | |
| | | | | | | | sing: Material PVC He readed Welded St | urface 30 in. | |
| S Mile | | | | | | | om. in. to ft. depth¦D | rive shoe? Yes No | |
| 2 Тур | e and color of material | | | From | То | 8 Sci | | | - |
| rop Soi! | | | 0 | 6 | Ту | inufacturer <u>Moder</u> De <u>200</u> Di | ia | | |
| Yellow Clay | | | 5 | 16 | Set | t/gauzetLe between 34 ft. and _ | ngth | | |
| Yellow Clay with Sand | | | 16 | 18 | Gr | tings: avel pack 😿 Yes 🗌 No S | ize range of material | | |
| Blue Lime | | | 18 | 21 | 9 Sto | tic water level: 17ft. below land surface | Date 6/27/ 75 | | |
| Gray Shale and Gravel | | | 21 | 25 | _ | nping level below land surfa | pumping g.p.m. | | |
| White Lime | | | | 25 | 29 | | ft. after hrs. | | |
| Gray Shale With White Lime | | | | 29 | 35 | _ | ter sample submitted: Yes 🛣 No Date | | |
| Gray Shale | | | 35 | 42 | _ | Il head completion: Pitless adapter | Inches above grade | | |
| Blue Shale | | | | 42 | 54 | 13 We | Il grouted? XYes Neat cement Bentonit oth: From 3 ft. to | No | |
| | | | | | | 14 Ne | grest source of possible con | tamination: | 1 |
| | | | | | | ft. | | outh Type Str | |
| | | | | | | 15 Pur Mo | inufacturer's name | Not installed | |
| No. of the Control of | | | | | | | ngth of drop pipe ft | | |
| | | | | | | Tyl | _ | Turbine | |
| (use | a second sheet if needed) | | | | | _ = | Jet Certrifugal | Reciprocating Other | |
| 16 Remarks: elevation Slab To Be Installed By Customer | | | | | l | ter well contractor's certifi s well was drilled under my | | | |
| Topography: | | | | | | ref | prt is true to the best of my | knowledge and belief. | |
| Hill Slope | | | | | | l / | dress name | siden License No. | 60 |
| Upland Malley Slope to the east | | | | | | Sig | Authorized represen | Date HO | |

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

Form WWC-5