USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

sec 1/4 1/4 1/4 No.

PRINT CLEARLY,	WATER WELL RECORD KSA 82a-1201-1215			Kansas State Dept. Of Health (Water Well Contractors)
	11W5F	NE	,	Forbes-Bldg. 740 Topeka, Kansas 66620
1 Location of well: Riley WILD.		Section	on number	Town number Range number 105 7E
Distance and direction from nearest fown or city: MILE	E EAST 3 Owner	of well	57	4CK OCONNER
Street address of well location if in city:	475 KS Addr	ess:	RK	RI MANHATTAN, KS
Locate with "X" in section below: Sketc	h map:			4 Well depth: 122 ft. Date of completion 1-31-75 Well diameter in.
Sw1/4	75W/49 A	E	14	5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse ratary
W				6 Use: Domestic Public supply Industry Irrigation Air conditioning Commercial Test well Height: above
s s			Threaded Welded Surface in.	
2 Mile-			-	in. toft. depth Drive shoe?Yes Noin. toft. depth
Type and color of m	aferial	From	То	8 Screen: Manufacturer Out Streem
0-3 (p sal				Type Dia
3-10 Dun				Set between the ft. and ft.
10-10 white	1.0			Gravel pock Yes No Size range of material 46
13- until gran	shele			ft. below land surface Date 3-8-73
20 Ste Gellow Clay				10 Pumping level below land surfaces: ———————————————————————————————————
20 116 BD				ft. ofter hrs. pumping g.p.m. Estimated maximum yield g.p.m.
46 El				11 Water sample winitted: Yes No Date
TISI Note				12 Well head completion: Pitless adapter Inches above grade
55 61 Del ale				13 Well grouted? Yes No Neat cement Bentonite —
101 75 mid state	al e			Depth: From 6 ft. to 20 ft.
25 83 7 1 8	P. Free			14 Nearest source of possible contamination: ft. Direction Type Well disinfected upon completion? Yes
93 97 Par	o and			15 Pump: Not installed Manufacturer's name
97 145 Rud Sum	14 Ta			Model number HP Volts Length of drop pipe ft. capacity g.m.p.
105 122 Blu she	t sock			Type:
(use a second sheet i	f needed)			☐ Jet ☐ Reciprocating ☐ Certrifugal ☐ Other
16 Remarks: elevation				17 Water well contractor's certification:
Topography:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
□Hill				Business name License No.
Slope Upland Valley				Address Signed British Date 3-8 75

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

Form WWC-5