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

WATER WELL RECORD KSA 82a-1201-1215

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Т	R	EW	se	c 1/4	1/4	1/4	No.		

Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bldg. 740

			SIN	NIVN	V	المارك	•		Topeka, Kansas 66620
1 Location of well:	Shawree	Township name	Fraction Visit	WHATE	ectio		•	Town number	Range Jumber
Distance and directi	ion from nearest town or cit	y:		3 Owner of	well	Fa	rri	akarus	18 9. J. S.
Street address of we	Il location if in city:			Address:	九	R.	L	akarus	, Xs.
Locate with "X" in	section below:	Sketch map:						II depth: 75 ft.	Date of completion 7/23/7
7								Cable tool Rotary	☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary
w	E							☐ Irrigation ☐ Air☐ Test well ☐ —	lic supply Industry
	S .						Thr Dic	ing: Material pvc readed	Surface in . Weight20 lbs . /ft
	Mile Mile					,		in. to ft. dept in. to ft. dept	Drive shoe? Yes No
2	Тур	e and color of material		Fr	om	То	9 Sar		_
to	p soil				0	2	Tyr	pe D.V.C.	Dia. 5"
уе	llow clay			2		4	Set	between 45 ft. ar	Length _20 ft
ro	ck with yel	low_clay			ı.	7		tings: avel pack 🗹 Yes 🔲 ▷	o Size range of material
ye	llow lime				7	18		tic water level:	ace Date
sa	nd rock			1	8	28	10 Pur	mping level below land	urfaces:
b k	ue shale wi	th small gr	avel	2	8	36	_		rs. pumping g.p.m. rs. pumping g.p.m. LL g.p.M.
blue shale with white lime					6	40	11 Wa	ter sample submitted:	Ų /
sa.	nd rock			L	0	54		Yes No D	ate
	ite lime			5	4	57		Pitless adapter	Inches above grade
gr	ay shale wi	th lime roo	ck	5	7	75	卢	II grouted? 💋 Yes Neat cement 🔲 Bento pth: From 🟂 ft. to	nite
									contamination:
							We	all disinfected upon com	pletion? Yes No
							15 Pur Mo	unufacturer's name	Not installed
							Mo Lei	ngth of drop pipe	HP 1/3 Volt230 ft. capacity 7 g.m.p.
							Z	pe: Submersible	Turbine
	(use	e a second sheet if needed)				≡	Jet Certrifugal	Reciprocating Other
16 Remarks; eleva	tion		24-	£				nter well contractor's ce	l l
10 10	50.0.	to be in	to 00.	line	rest.				my jurisdiction and this my knowledge and belief
Topography: Slab to be installed &					•		· ~ =	mry D	May La 148
Slope	C.C.	er ner		J			I	driss Authorized repr	Date 9/12/
X Valley							<u> </u>		<u> </u>

Forward the white, blue and pink copies to the Kansas State Dept. Of Health. $BR = 1063 \qquad \qquad \frac{7}{2} = 1060$

Form WWC-5