USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY
PRINT CLEARLY

PRINI CLEARLY.	WATER WELL RECORD KSA 82a-1201-1215				Kansas State Dept. Of Health (Water Well Contractors) Forbes-Bidg. 740		
	ip name Fraction	I	on number	civa	Town number	Topeka, Kansas 66620	
1 Location of wells Riley	Not Awd		4		4	7	
Distance and direction from nearest town or city:	<del>- 4</del>	3 Owner of well	. Du	ROA	Gillian ERS Blu	n.	
	44 TAN	Address:	MANH	ATT	an 15	,	
Locate with "X" in section below:  N	Sketch map:				l depth: <u>260</u> I diameter <b>2</b>	ft. Date of completion <u>7-29</u> 3 in.	
X X	[ House ]	100		5 🔲 (		/ Driven Dug	
w	DRainage	) ) )		6 Use:	Domestic F	Public supply Industry Air conditioning Commercial	
		SEPTIC TA	nic	7 Casi	na: Material PV	CHeight: above/	
↓ i i i j j j j j j j j j j j j j j j j		1111 LATERALS		Thre Dian	eaded Welded	Surface 24 in.   Weight 2.33 lbs./ft	
2		From	> To	ì	in. to <b>269</b> t. de in. toft. de	pth Drive shoe? Yes No	
	or of material	From		8 Scre Mar	een: nufacturer <u>Pu</u> n	np co	
70p So.L		0	/		/seeds 1080		
Yellow Shal	e	//	12	Fitti	between 230ft.	k U	
GREY Limes To	-	25	60	9 Stat	ic water level No 7	No Size range of materials	
CREW Shalm	04 <b>.e</b>	60	94		T ft. below land surping level below land	urface Date 7-29-75 Mr nd surfaces: Air Tes T	
Grey Lines	Tone	94	//5		ft. after	hrs. pumping g.p.m.	
Gren Shale		115	139	11 Wot	er sample submitted:	g.p.m.	
GREN Limes	Tone	/39	150	12 Wei	Yes 100 No	Capped	
GREY Shale		150	229		Pitless adapter <i>3</i> I grouted? <b>X</b> Yes	1.4 ☑ Inches above grade ☐ No	
Gray Lines	Tone	229	250		Neat cement 🔲 Be th: From 🕰 ft.		
GREY Shale		250	260	ft.	arest source of passib 250 Direction of the distribution of the d	SI W. Type I /Ani	
				15 Pum Mar	p: nufacturer's name	☑ Not installed	
				Мос	del number	HP Volts ft. capacity g.m.p.	
				Тур	e: Submersible	☐ Turbine	
(use a second	d sheet if needed)			_ =	Jet Certrifugal	Reciprocating Other	
16 Remarks: elevation  1240 Owner to	Tustall Slab			This			
ropograpny:				STRA	der Drillin	der my jurisdiction and this of my knowledge and belief.	
☑ Hill ☐ Slope ☐ Upland				Add	ned Dale as	tolton Kans	
☐ Valley					Authorized re	epresentative	

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

Form WWC-5