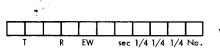
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD KSA 82a-1201-1215



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

	County	Township name	Fraction		Section	n number		Town number	Range number
l Location of well:	Dickinson	Noble	NWSWI	NWSWNW		32		125	4E
	on from nearest town or cit 5 II location if in city: C	25 W. 8th hapman, Kansa	a.s	3 Owner		: I	iarry 25 W. Chapm	Perry 8 th an, Kansas	
Locate with "X" in section below: N Sketch map:						4 Well depth: 92			Date of completion $8/20$
In city of Chapman Block 5 Sheerams 4th additi							Well diameter		
2	Mile-				From		5 _	_ in. to <u>92</u> ft. depth _ in. to ft. depth	Drive shoe? Yes No
**	Type and color of material Fine sand					™ 30	Ma	8 Screen: Manufacturer Western Plastics Type RMP Dia. 5!! Slot/gauze 3/32 Length 2=!! 20" Set between 72 ft. and 92 ft.	Plastics
Dry cavity, limestone					<u>0</u> 30	38	Typ Slo		Dia
Ca ay					38	43	Fittings: 1/16 to 3/8 Gravel pack ▼Yes No Size range of material —		
Rock					43	45	9 Static water level: 72 ft. below land surface Date8/20/75		
Dry cavity, hollow rock					45	48	10 Pun	iping level below land sur	
Rock, hard limestone					48	76		ft. after hrs mated maximum yield	. pumping g.p.m.
Flin	t rock, hard		, <u>-</u>		76	92		ter sample submitted: Yes K No Dat	e
		. 1 h. aliyande 2 49							Inches above grade
							X	II grouted? K Yes Neat cement ☐ Benton oth: From D ft. to	ite
							ft.	arest source of possible co	Туре
							15 Pun	II disinfected upon compl np: nufacturer's name	etion? Yes MNO
							Мо	del number	HP Volts ft. capacity g.m.p.
							_		☐ Turbine ☐ Reciprocating
	(use	a second sheet if needed	i)				_ =	Certrifugal	Other
Topagraphy: X Hill Slope Upland Valley	ion						Thi rep R Bus Ad	ter well contractor's certics well was drilled under mort is true to the best of mader Drilling iness name Carlton Authorized repress	y jurisdiction and this ny knowledge and belief. Co. 194 License No. Kans. 671,29

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

Form WWC-5

4E 32 NW SW NW