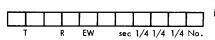
## WATER WELL RECORD KSA 82a-1201-1215



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

|  | County    |       |  | on number |    |  | Range number  |                       |  |
|--|-----------|-------|--|-----------|----|--|---|-----------------------|--|
| 1 Location of well:  | Dickinson | Noble | $NE_{\frac{1}{4}}, SW_{\frac{1}{4}}, NW_{\frac{1}{4}} \qquad 32$ |           | 32 |  | T-12-S  | R-4-E                 |  |
| Distance and direction from nearest town or city:  3 Owner of well:  Earl Neely                          |           |       |  |           |    |  |   |                       |  |
| Street address of well location if in city217 E. First, CHAPMAN, Ks. Address: 217 E. 1st, Chapman, Kans. |           |       |  |           |    |  |   |                       |  |
| Locate with "X" in section below:  N Sketch map:   |           |       |  |           |    | 4 Wel<br>Wel   | 4 Well depth: 1,2 ft. Date of completion<br>Well diameter 8 in. 9/18/75 |                       |  |
| HOUSE OPE  |           |       |  |           |    | 5 Cable tool Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary  |   |                       |  |
| TX.  |           |       |  | SLOPE X   |    | 6 Use: Domestic Public supply Industry   |   |                       |  |
|  |           |       |  |           |    |  | Test well   Height: above   Surface 18 in.                              |                       |  |
|  |           |       |  |           |    |  |   |                       |  |
| 2 Type and color of material   |           |       |  |           | То | — in. to — ft. depth  8 Screen:  Manufacturer Western Plastics  Type RMP — Dia. 5"  Slot/\$552 3/32 Length 10!  Set between 32 ft. and 42 ft. —  Fittings: 1/16 to 3/8"  Gravel pack X Yes □ No Size range of material — |   |                       |  |
| Topsoil  |           |       |  |           | 2  |  |   |                       |  |
| Silt   |           |       |  |           | 24 |  |   |                       |  |
| Sand   |           |       |  |           | 35 |  |   |                       |  |
| Gravel   |           |       |  |           | 42 | 9 Stat   | ic water level:  ft. below land surface                                 |                       |  |
|  |           | ,     |  | _         |    |  | ping level below land surfa<br>ft. after hrs.                           |                       |  |
|  |           | . , , |  |           | -  | _  | ft. after hrs. mated maximum yield                                      | pumping g.p.m.        |  |
|  |           |       |  |           |    | 11 Woi   | ter sample submitted:<br>Yes Mo Date                                    |                       |  |
|  |           |       |  | <u> </u>  |    | _  | I head completion: Pitless adapter                                      | Inches above grade    |  |
|  |           |       |  |           |    | 13 Well grouted? X Yes No  |   |                       |  |
|  |           |       |  |           |    |  | th: From Oft. to =  |                       |  |
|  |           |       |  |           |    | ft.  | 501 Direction Wes<br>Il disinfected upon complet                        | stTypeline            |  |
| <del></del>  |           |       |  |           |    | 15 Pum   | ip:   | Not installed         |  |
|  |           |       |  |           |    | Мо   |   | P Volts               |  |
|  |           |       |  |           |    | Len<br>Typ   | gth of drop pipe ft<br>e;   | . capacity g.m.p.     |  |
|  |           |       |  |           |    | _  | Submersible   | Turbine Reciprocating |  |
| (use a second sheet if needed)   |           |       |  |           |    |  | Certrifugal [   | Other                 |  |
| 16 Remarks: elevation  |           |       |  |           |    | 1  | er well contractor's certific<br>well was drilled under my              |                       |  |
| Topography:  |           |       |  |           |    | report is true to the best of my knowledge and belief.   |   |                       |  |
| Hill   |           |       |  |           |    |  | Rader Drillin   | License No.           |  |
| Slope  |           |       |  |           |    | Ado  | <sub>lress</sub> <u>Carlton</u> , K                                     | ansas 67429           |  |
| ☐ Upland  X Valley   |           |       |  |           |    | Signed Authorized representative   |   |                       |  |

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

Form WWC-5