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, Konsas 66620

1 Location of well:	Township nome	Fraction N.	W XI	Section	on number		Town number	Range number	
Distance and direction from nearest town or city: 5 mi. EAS tof.  Street address of well location if in city:			3 Owner of well: WALKER STONE CO., INC. Address: P. O. BOX' 536-Chapman, Ks.						
Lacate with "X" in section below:	Sketch map:		<b>I</b>			We	Il diameterin. Cable tool Rotary	Date of completion	75 75
W					c	7 Cas	: Domestic Publi   Irrigation Air c   Test well	onditioning Commercia	-
S Mile Ty	pe and color of material		· ·	From	То	1 0,1	ш.	Weight lbs./ft Drive shoe? Yes N	0
Hard Limeston				0	30	Тур	nufacturer JESS 9	Lowelly 5	
Hard Limeston	L			30 35	36 65	Set Fit	between	17 ft Size range of material 3	<b>4</b>
Rep Shale Limestone				165 74	74	10 Pun	tic water level:  ft. below land surface  pping level below land sur	faces:	25
Blue Shale Flight Roof				78 100	100	Esti		pumping g.p.m.	1
RED Shale				108	182	12 We	Yes No Date No	Inches above grade	-
Due orale				1/2	117		Neat cement Bentoni th: From ft. to	No te	
		W				ft. We	Direction	etion? Yes No	<u> </u>
				-		Мо	nufacturer's name1	Not installed	14
						Typ	e: Submersible [ Jet [	Turbine Reciprocating	m
16 Remarks: elevation	e a second sheet if needed)	- Miles				17 Wat	Certrifugal er well contractor's certif well was drilled under m	y jurisdiction and this	96
Topography:    Hill   Slope						STA Busi	ort is true to the best of mess name.  Blue R  Iress Blue R	alida License No.	378
Upland Valley  Orward the white, blue and pink copies to the	Kansas State Dept. Of Hea	lth.				Sign	ned Authorized represe	Date Date Form WWC-	N S