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

WATER WELL RECORD KSA 82a-1201-1215

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	1	Ī	1	₹	EW	sec	1/4	1/4	1/4	Nο

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

County 1 Location of well:		Township name	Fraction	1/1	Section	on number		Town number	Range number		
Stevens		2//:6	CNW/		<u> </u>	3		34	35		
Distance and direction from nearest town or city: 345 Street aggress of well location if in city: Address: 3 Owner of well: Roy Walkemeyer Address: 7450 tov, Kne											
Locate with "X" in section below:		Sketch map:					4 We		Date of completion 3/11/16		
]							Cable tool Rotary Hollow rod Jetted	☐ Driven ☐ Dug ☐ Bored ☐ Reverse rotary		
w	E						6 Use	e: Domestic Publ	ic supply		
						•	Th	sing: Materia Steet readed Welded am.			
2 Mile 2	Type	and color of material			From	То		in. to 225 ft. depth in. toft. depth	Drive shoe? Yes No		
0 1	1700	and color of material			710	"	Mo	reen: anufacturer <u>L.B. 7</u>	aster		
Overburden						2	Slot/gauze Dia				
Top Soil						162					
Med. Sd. & Clay	-					318		ttings: ravel pack 🗭 Yes 🗌 No atic water level:	o Size range of material —		
Med. Sd/					318	475		14 ft. below land surfa			
Sand, Clay & Rook !	Strk	5.			475	724			s. pumping g.p.m.		
Red Bed					724	754		ft. after hr imated maximum yield _	s. pumping g.p.m.		
							_	ater sample submitted: Yes 💢 No Da	te		
	· · · · · · · · · · · · · · · · · · ·						12 We	ell head completion:	Inches above grade		
							13 %	Yes Yes Neat cement	nite 🔲 —————		
							14 No	earest source of possible o	ontamination:		
							W	ell disinfected upon comp	letion? Yes No		
								anufacturer¹s name	Not installed		
								odel number ngth of drop pipe	ft. capacity g.m.p.		
								pe:] Submersible	☐ Turbine		
	(use c	second sheet if needed)	,] Jet] Certrifugal	Reciprocating Other		
16 Remarks: elevation		8A Johnson				_		ater well contractor's cert			
Topography:		Steel 1	SIOT				re		my knowledge and belief.		
Hill Slope		105-	125				Bu	siness name	Guymon, Ukla.		
☐ Slope ☐ Upland ☐ Valley							_ ^	gned Authorized repre	1 2 Date 4/17		