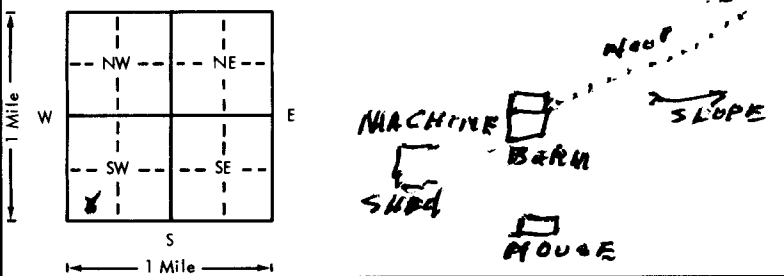


USE TYPEWRITER OR BALL  
POINT PEN—PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment—Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: <b>Woodson</b>		Fraction: <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number: <b>25</b>	Township number: <b>T 25 24 S</b>	Range number: <b>R 14 E</b>
2. Distance and direction from nearest town or city: <b>2 MI. N AND</b> Street address of well location if in city: <b>4 MI W OF YATES CENTER</b>		3. Owner of well: <b>PHAS WALKER</b> R.R. or street: <b>RT 2</b> City, state, zip code: <b>YATES CENTER</b>			
4. Locate with "X" in section below: 		6. Bore hole dia. <b>7</b> in. Completion date <b>10/10/80</b> Well depth <b>93</b> ft.			
5. Type and color of material		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		9. Casing: Material <b>PLTS</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1 1/4</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>6</b> in. to <b>43</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1980</b>			
10. Screen: Manufacturer's name <b>JESS LEWELL</b> Type <b>PVC</b> Dia. <b>6</b> in. Slot/gauze <b>1/16</b> Length <b>60</b> Set between <b>61</b> ft. and <b>71</b> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>		11. Static water level: <input type="checkbox"/> mo./day/yr. <b>21</b> ft. below land surface Date <b>10/10/80</b>			
12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
14. Well head completion: <input type="checkbox"/> Pitless adapter <b>14</b> inches above grade		15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.			
16. Nearest source of possible contamination: ft. <b>DOWN</b> Direction <b>SW</b> Type <b>SEWAGE</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
18. Elevation:		19. Remarks: <b>MR WALKER RAN HIS OWN PUMP</b>			
20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>RUNNINGS WELL SERV 312</b> Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <b>TOPEKA KAN</b> Signed <b>John Cummings</b> Date <b>10/10/80</b> Authorized representative					

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-3