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

WATER WELL RECORD KSA 82a-1201-1215

1 1 7				
T	R	EW	sec 1/4 1	1/4 1/4 No.

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

	County	Township name	Fraction	Secti	on number		Town number	Range number	
1 Location of well:	Woodson	Center	SWNE NW		14		T25S	1 1	
Distance and directi	ion from nearest town or cit	E-2		r of wel	ER		IK ROE		
Street address of we	Il location if in city: 5	FES CENTER							
Locate with "X" in section below: N Sketch map:					y ,	4 Well depth: 56 ft. Date of completion			
	1 1 1	5 6		U E/I			ell diameter in. Cable tool Rotary	□ Driven □ Dug	
	x	₽R	A/AJ	<i>оыі</i> 1			Hollow rod Jetted	Bored Reverse rotary	
w =						6 Use	e: Domestic Publ	ic supply Industry	
		1		1			Test well		
		# 4	WSK-40	ja	ffa CE	Th	sing: Materia V 275 readed Welded D	Surface Zin.	
<u> </u>	S →1 Mile→		Sheep			Di	gm. CENEVTEE	Weight	
2	Тур	e and color of material		From	То		in. to ft. depth		
1.1	GHT YI	= 11 5 101 5	eut a -h	23	34		anufacturer 🖳 🛨		
			FNG ROCK				pe		
GFE	EY SHA	LE		34	37	Set	between ft. and	_	
	***	***				Gr	avel pack Yes No		
	,					9 Sta	tic water level: ft. below land surface	ce Date <u>4/22/76</u>	
						10 Pur	mping level below land su	rfaces:	
						_	ft. after hr:	5. pumping g.p.m.	
,							imated maximum yield	g.p.m.	
							· E2A	te	
		·				_	Il bead completion: Pitless adapter	Linches above grade	
							Il grouted? Yes	□ No	
						Dep	Neat cement Benton oth: From ft. to	LO ft.	
		40-5W-	- Sauce 1	Ne			arest source of possible co		
							II disinfected upon compl	etion? Yes No	
						15 Pun Ma	np: Inufacturer's name	Not installed	
						Мо	del number	HP Volts ft. capacity g.m.p.	
		Y-1-1-1-1				Typ	e:	_	
						=	Submersible Jet	☐ Turbine☐ Reciprocating	
16 Remarks: eleveti		a second sheet if needed)	5 A WOL	CK.		17 Wa	Certrifugal ter well contractor's certi	Other	
1 .			-	- 1		This	s well was drilled under m	ny jurisdiction and this	
Topography: HIII FRANK IS GOTNG TO RUN						rep	ort is true to the best of n	ny knawledge and belief.	
∐HiII <i>†</i> □Slope	KANA IS						iness TOPON	O KAN	
Upland Valley	H15	PUMP				Sig	Authorized represe	entative Date	

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

Form WWC-5