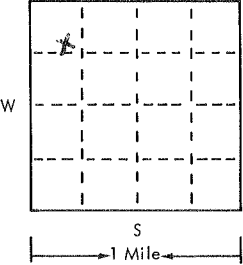


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

12 7E 7SE MWW
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

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

1 Location of well:	County <u>Beary</u>	Township name <u>Wingfield</u>	Fraction <u>SE 1/4</u> <u>NW 1/4 of NW 1/4</u>	Section number <u>7</u>	Town number <u>T 12 S</u>	Range number <u>7 E</u>		
Distance and direction from nearest town or city: <u>10 miles SE of J.C. Mans.</u> Street address of well location if in city:				3 Owner of well: <u>Willis A. Duncan</u> Address: <u>3311, DOVER,</u> <u>Rapid city S.D. 57701</u>				
Locate with "X" in section below: N  W E S 1 Mile		Sketch map: <u>X Well on</u> <u>Almost flat surface</u> <u>slopes to south</u> <u>Ravine</u>		4 Well depth: <u>56</u> ft. Date of completion <u>7-15-75</u> Well diameter <u>6 1/2</u> in.				
2 Type and color of material		From		To		5 <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		
		Clay		0		16		6 Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test well <input type="checkbox"/> <u>Human</u>
		Hd Gray shale		16		35		7 Casing: Material <u>RMP</u> Height: <u>above/below</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>14</u> in. Digm. _____ Weight _____ lbs./ft. _____ <u>0</u> in. to <u>56</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth
		Blue		35		41		8 Screen: Manufacturer <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>3/32</u> Length <u>10'</u> Set between <u>46</u> ft. and <u>56</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material _____
		Gray		41		51		9 Static water level: <u>29</u> ft. below land surface Date <u>7-15-75</u>
		Red		51		54		10 Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.
		Hd		54		56		11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
(use a second sheet if needed)						12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade <u>NA</u>		
16 Remarks: elevation						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <u>Concrete</u> Depth: From <u>45</u> ft. to <u>17</u> ft.		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		<u>1st slope from valley to hill to south</u>				14 Nearest source of possible contamination: ft. <u>200</u> Direction <u>se</u> Type <u>Residential</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						15 Pump: <input type="checkbox"/> Not installed Manufacturer's name _____ <u>NA</u> Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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		
						17 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. <u>Moritz Drilling 120</u> Business name _____ License No. _____ Address <u>Rt 4, Box 59 J.C. Mans</u> Signed <u>FW Moritz</u> Date <u>7-15-75</u> Authorized representative		