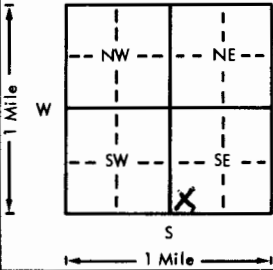


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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: County <b>CLAY</b> Fraction <b>SW 1/4 SW 1/4 SE 1/4</b> Section number <b>4</b> Township number <b>T 8 S R 3</b> Range number <b>3</b>	
2. Distance and direction from nearest town or city: <b>1 EAST ON Hiway 24 CLAY CENTER</b> Street address of well location if in city: <b>CLAY CENTER</b> 3. Owner of well: <b>ED DUNCAN</b> R.R. or street: <b>RR #9</b> City, state, zip code: <b>CLAY CENTER, KANSAS 67432</b>	
4. Locate with "X" in section below: Sketch map: 	
5. Type and color of material	
	From To
<b>TOPSOIL</b>	<b>0 3</b>
<b>BROWN CLAY</b>	<b>3 26</b>
<b>LIMESTONE</b>	<b>26 28</b>
<b>GRAY CLAY</b>	<b>28 32</b>
<b>BLUE SHALE</b>	<b>32 38</b>
<b>LIMESTONE</b>	<b>38 43</b>
<b>RED SHALE</b>	<b>43 67</b>
<b>LIMESTONE</b>	<b>67 85</b>
<b>BLUE SHALE</b>	<b>85 89</b>
<b>STOP</b>	<b>89</b>
(Use a second sheet if needed)	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:
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>Geo Cox + Sons Inc 258</b> Business name License No. Address <b>CLIFTON, KANSAS</b> Signed <b>Daryl Cox</b> Date <b>7/12/76</b> Authorized representative	

6. Bore hole dia. <b>8</b> in. Completion date <b>7/12/76</b> Well depth <b>83</b> ft
7. <input type="checkbox"/> Cable tool <input checked="" 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 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"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
9. Casing: Material <b>PVC</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <b>7</b> lbs./ft. Dia. <b>3</b> in. to <b>89</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>1214</b>
10. Screen: Manufacturer's name <b>PUMPCO</b> Type <b>PVC</b> Dia. <b>5"</b> Slot/gauze <b>1/16"</b> Length <b>20'</b> Set between <b>63</b> ft. and <b>83</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>YES</b> Size range of material <b>1/8 X 1/4</b>
11. Static water level: <input type="checkbox"/> mo./day/yr. <b>22</b> ft. below land surface Date <b>7/12/76</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 <b>30</b> g.p.m.
13. Water sample submitted: <input type="checkbox"/> mo./day/yr. Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade <input checked="" type="checkbox"/> Well grouted? <b>YES</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.
16. Nearest source of possible contamination: ft. <b>300</b> Direction <b>EAST</b> Type <b>SEPTIC</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

T 8 S R 3 E W 4 S W S E

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

Form WWC-5