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

WATER WELL RECORD
KSA 82a-1201-1215

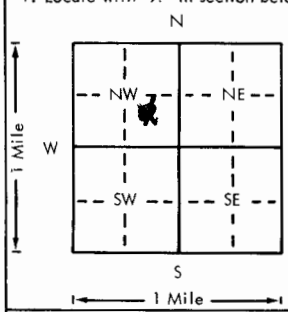
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	HARVEY	NW 1/4 SW 1/4 NW 1/4	17	T 23 S	R 1 E (W)

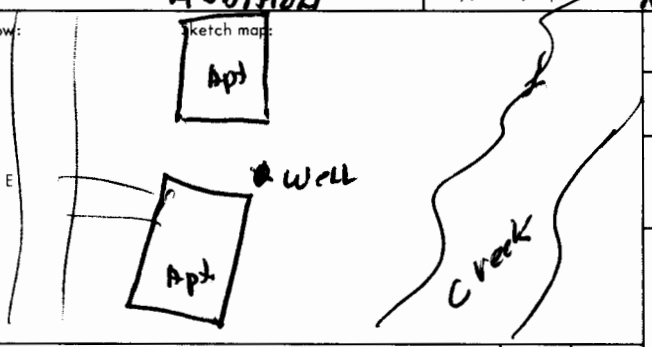
2. Distance and direction from nearest town or city: Block 7 - Lakeview Addition
Street address of well location if in city:

3. Owner of well: Victor Barnard
R.R. or street: 1116 Plum St.
City, state, zip code: Newton, KANSAS

4. Locate with "X" in section below:



Sketch map:



5. Type and color of material	From	To
FILL GROUND	0	3
LOAM TO DARK GREY CLAY	3	5
BROWN CLAY	5	10
SANDY BROWN CLAY	10	18
DARK GREY CLAY	18	24
DARK GREY -SANDY CLAY	24	34
LIGHT GREY SHALE	34	45
WELLINGTON SHALE -DARK	45	60

(Use a second sheet if needed)

6. Bore hole dia. 11 in. Completion date
Well depth 63 ft. 10/4/78

7. __ Cable tool ✓ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation X Air conditioning __ Stock
X Lawn __ Oil field water __ Other

9. Casing: Material PVC Height: (Above) or below
Threaded ___ Welded X Surface 18 in.
RMP ___ PVC X Weight 2.87 lbs./ft.
Dia. 5 in. to 63 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. #258

10. Screen: Manufacturer's name KAM-Tech
Type ___ Dia. 5"
Slot/gauze 020 Length 15"
Set between 24 ft. and 34 ft.
54 ft. and 59 ft.
Gravel pack? X Size range of material 18-1/4

11. Static water level: mo./day/yr.
15 ft. below land surface Date 10/4/78

12. Pumping level below land surfaces:
___ ft. after ___ hrs. pumping ___ g.p.m.
28 ft. after 2 hrs. pumping 18 g.p.m.
Estimated maximum yield 20/25 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date

14. Well head completion:
X Pitless adapter 18 Inches above grade

15. Well grouted? X
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 10 ft. to 0 ft.

16. Nearest source of possible contamination: Sewer
ft. 40 Direction SW Type Line
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
___ Valley

19. Remarks: Well grouted by owner

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.
PAULS INC #125
Business name License No.
Address HESSTON, KS
Signed Paul Bentlent Date 10/8/78
Authorized representative

23 — 1 (W) E 17 — NE SW NW
T R Sec 1/4 1/4 1/4

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

Form WWC-5