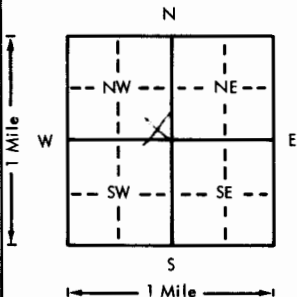


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 <u>Barton</u>	Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section number <u>30</u>	Township number <u>T 19</u>	Range number <u>S R 13 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>K-96 Highway</u>				3. Owner of well: <u>PARK WEST CONDOMINIUMS</u> R.R. or street: City, state, zip code: <u>At Bond Kans.</u>		
4. Locate with "X" in section below: 				6. Bore hole dia. <u>2</u> in. Completion date <u>2-10-76</u> Well depth <u>42</u> ft.		
5. Type and color of material				7. ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary		
				8. Use: ☐ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☒ Lawn ☐ Oil field water ☐ Other		
				9. Casing: Material <u>PVC</u> Height: Above or below Threaded ☐ Welded ☒ Surface <u>16</u> in. RMP <u>PVC</u> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>42</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>42</u> ft. depth gage No. <u>026</u>		
				10. Screen: Manufacturer's name <u>Jet Screen</u> Type <u>WE</u> Dia. <u>5</u> Slot/gauze <u>231</u> Length <u>10</u> Set between <u>50</u> ft. and <u>40</u> ft. Gravel pack? ☒ Size range of material <u>1/4-1/2</u>		
				11. Static water level: <u>20</u> ft. below land surface Date <u>9-10-76</u> 12. Pumping level below land surfaces: <u>2.0</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield <u>42</u> g.p.m.		
13. Water sample submitted: ____ mo./day/yr. ☐ Yes ☒ No Date ____				14. Well head completion: ☒ Pitless adapter ____ Inches above grade		
15. Well grouted? ☒ With: ☐ Neat cement ☐ Bentonite ☒ Concrete Depth: From <u>0</u> ft. to <u>16</u> ft.				16. Nearest source of possible contamination: <u>none</u> ft. ____ Direction ____ Type ____ Well disinfected upon completion? ☐ Yes ☐ No		
17. Pump: ☐ Not installed Manufacturer's name <u>FLO</u> Model number <u>20007</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>22</u> ft. capacity <u>45</u> g.p.m. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other				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. <u>Don't Water Well Serv. Inc.</u> Business name: License No. ____ Address <u>Highway 40 Hwy</u> Signed <u>Mike Kunt</u> Date <u>9-10-76</u> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: ☐ Hill ☒ Slope ☒ Upland ☐ Valley						

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

Form WWC-5