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

WATER WELL RECORD
KSA 82a-1201-1215

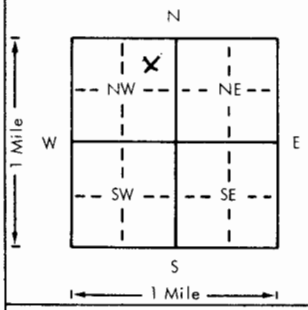
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Barton	C 1/4 NE 1/4 NW 1/4	13	T 20 (S)	R 14 E (W)

2. Distance and direction from nearest town or city: 3-5 3½ W of Great Bend, Ks.
Street address of well location if in city:

3. Owner of well: Harold Titus
R.R. or street: Box 1010
City, state, zip code: Great Bend, Ks. 67530

4. Locate with "X" in section below:



Sketch map:

5. Type and color of material	From	To
Top soil	0	2
Clay	2	6
Sand & gravel	6	22
Clay	22	24
Sand & gravel	24	48
Clay	48	50

(Use a second sheet if needed)

6. Bore hole dia. ____ in. Completion date ____
Well depth 45 ft. 8-4-78

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

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

9. Casing: Material PVC Height: Above or ~~below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 4 in. to 45 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 237

10. Screen: Manufacturer's name CertainTeed
Type PVC Dia. ____
Slot/~~gauze~~ 1/16 Length 20
Set between 25 ft. and 45 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material 1/2 3/4 3/8

11. Static water level: mo./day/yr.
10 ft. below land surface Date 8-4-78

12. Pumping level below land surfaces: NA
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: mo./day/yr.
X Yes __ No Date 8-4-78

14. Well head completion:
__ Pitless adapter ____ Inches above grade

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

16. Nearest source of possible contamination:
ft. 60 Direction East Type water well
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
X 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.
Rosencrantz-Bennis 134
Business name License No.
Address Great Bend, Kans. 67530
Signed Freddie Dodson Date 2/18/80
Authorized representative

T 20 S R 14 E (W) Sec 13 1/4 C NE NW 1/4

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

Form WWC-5

MT-1023