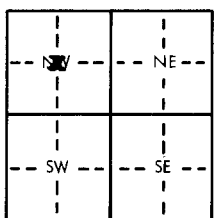


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82g-1201-1215

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

County <b>Pawnee</b>		Fraction <b>1/4 c 1/4 nw 1/4</b>	Section number <b>22 5</b>	Township number <b>T 18 23</b>	Range number <b>R 16 E 11</b>
1. Location of well: <b>1-N 1-W 3/4-N from Zook, Ks.</b> Street address of well location if in city:			3. Owner of well: <b>Harold Titus</b> Box 1010 Great Bend, Kansas 67530		
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W 1 Mile E S 1 Mile</div> 			Sketch map:		
5. Type and color of material			From	To	6. Bore hole dia. <b>7 7/8</b> Completion date <b>11-8-78</b> Well depth <b>80</b> ft.
top soil			0	2	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
clay			2	18	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other
sand clay			18	24	9. Casing: Material <b>pvc</b> Height: Above or <del>Below</del> <b>18</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>18</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>4</b> in. to <b>80</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <b>237</b>
sand & gravel			24	80	10. Screen: Manufacturer's name <b>CertainTeed</b> Type <b>pvc</b> Dia. <input type="checkbox"/> Slot <del>1/8</del> <b>1/16</b> Length <b>20</b> Set between <b>80</b> ft. and <b>60</b> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>
clay			80	85	11. Static water level: <b>28 1/2</b> ft. below land surface Date <b>10-10-78</b> mo./day/yr.
					12. Pumping level below land surfaces: <b>na</b> ft. after hrs. pumping g.p.m. ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.
					13. Water sample submitted: <b>x</b> Yes <input type="checkbox"/> No Date <b>10-10-78</b> mo./day/yr.
					14. Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>20</b> ft.
					16. Nearest source of possible contamination: ft. <b>200</b> Direction <b>north</b> Type <b>tank bat</b> Well disinfected upon completion? <b>hth</b> Yes <input type="checkbox"/> No
					17. Pump: Manufacturer's name <b>Pumpco</b> Not installed Model number <b>1056BIMP</b> HP <b>1 1/3</b> Volts <b>115</b> Length of drop pipe <b>42</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley			(Use a second sheet if needed)		
			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>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Kansas</b> <b>67530</b> Signed <b>Sandy Kellogg</b> Date <b>12-15</b> Authorized representative		

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

Form WWC-5

MI-1023