

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 Franklin	Fraction NE 1/4 NE 1/4 NE 1/4	Section number 32	Township number T 15	Range number S R 18	Elev
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: John wray R.R. or street: RR. 1 City, state, zip code: Pomona, Kan. 66086				
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: COUNTRY ROAD HOUSE SEPTIC		6. Bore hole dia. 6 in. Completion date 2-21-78 Well depth 260 ft. 990 18'		
5. Type and color of material			From	To	7. <input checked="" type="checkbox"/> Cable tool <input 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		
shelly rock			0	8	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		
black shale			8	11	9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC _____ Weight sch 40 lbs./ft. Dia. 5 in. to 235 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. sch 40		
lime			11	14	10. Screen: Manufacturer's name _____ <input checked="" type="checkbox"/> crown line Type pvc Dia. 5 Slot/gauze _____ Length 58 Set between 200 ft. and 258 ft. _____ ft. and _____ ft.		
shald			14	16	11. Static water level: _____ mo./day/yr. 140 ft. below land surface Date 2/78		
lime			16	21	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 _____ g.p.m.		
shald			21	163	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
lime			163	167	14. Well head completion: PUMP HOUSE <input type="checkbox"/> Pitless adapter _____ Inches above grade		
grey sanded shald			167	200	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 18 ft.		
grey sand			200	258	16. Nearest source of possible contamination: ft. 100 Direction SW Type SEPTIC Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
grey shald			258	260	17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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		
(Use a second sheet if needed)					18. Elevation:		
19. Remarks: NEW HOUSE. NO KNOW CONTAMINATION AT THE TIME OF DRILLING			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. EPBAR SWANK 124 Business name _____ License No. _____ Address OTTAWA KAN Signed Edgar Swank Date 5-20-78 Authorized representative				

T 15 R 18 W 32 Sec 32 NE 1/4 NE 1/4

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

Form WWC-5