


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 SE 1/4 SE 1/4 SE 1/4	Section number 34	Township number T 16 S R 18	Range number EW
2. Distance and direction from nearest town or city: East 1/2 mi. north Street address of well location if in city: Pomona			3. Owner of well? Alexander R.R. or street: City, state, zip code: Pomona, Kan		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile			Sketch map: 		
5. Type and color of material			From	To	6. Bore hole dia. 8 1/2 in. Completion date 2-7-79 Well depth 105 ft. 9" to 20"
soil			0	5	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
gravel			5	15	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
yellow sand rock			15	64	9. Casing: Material _____ Height: Above or below Threading _____ Welded _____ Surface 18 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight sch 40 lbs./ft. Dia. 8 1/2 in. to 20 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. sch 40
grey sand			64	95	10. Screen: Manufacturer's name _____ none Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> no Size range of material _____
white sand			95	105	11. Static water level: 40 ft. below land surface Date 2-7-79 mo./day/yr.
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 18 g.p.m.
					13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: pump house <input type="checkbox"/> Pitless adapter _____ Inches above grade
					15. Well grouted? _____ With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 20 ft.
					16. Nearest source of possible contamination: ft. none Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					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: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: Drill in a pasture no contamination as of yet.		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. Royce Swank Drilling 371 Business name RRL, Ottawa, Kansas License No. _____ Address Royce Swank Signed Royce Swank Date 3-9-79 Authorized representative		

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

Form WWC-5

T 16 S R 18 SE 1/4 SE 1/4 SE 1/4