

1 LOCATION OF WATER WELL		Fraction	NE ¼ SW ¼ SW ¼	Section Number 27	Township Number T 24 N S	Range Number R 18 E/W
County: Franklin						
Distance and direction from nearest town or city? Pomona East 1 ½ North				Street address of well if located within city?		
2 WATER WELL OWNER: Jim Parks						
RR#, St. Address, Box # City, State, ZIP Code Pomona Kan				Board of Agriculture, Division of Water Resources Application Number:		
3 DEPTH OF COMPLETED WELL:		Bore Hole Diameter	8 1/4 in.	to	20 ft., and	6 1/4 in. to 137 ft.
Well water to be used as: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial		5 Public water supply 6 Oil field water supply 7 Lawn and garden only		8 Air conditioning 9 Dewatering 10 Observation well		11 Injection well 12 Other (Specify below)
Well's static water level 70 ft. below land surface measured on _____ month _____ day _____ year						
Pump Test Data: Est. Yield 30 gpm		Well water was _____ ft. after _____ hours pumping. gpm		_____ ft. after _____ hours pumping. gpm		
4 TYPE OF BLANK CASING USED:						
1 Steel <input checked="" type="radio"/> PVC Blank casing dia 6 1/4 in. to 20 ft., Dia _____ in. to _____ ft.		3 RMP (SR) 4 ABS Casing height above land surface 36 in., weight _____ lbs./ft.		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass Wall thickness or gauge No _____		Casing Joints: Glued _____ Clamped _____ Welded _____ Threaded _____
TYPE OF SCREEN OR PERFORATION MATERIAL: None						
1 Steel 2 Brass Screen or Perforation Openings Are: 1 Continuous slot 2 Louvered shutter		3 Stainless steel 4 Galvanized steel 3 Mill slot 4 Key punched		5 Fiberglass 6 Concrete tile 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut		7 PVC 8 RMP (SR) 9 ABS 8 Saw cut 11 None (open hole) 9 Drilled holes 10 Other (specify) _____
Screen-Perforation Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.				
Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft.		None				
5 GROUT MATERIAL: <input checked="" type="radio"/> Neat cement <input type="radio"/> Cement grout <input type="radio"/> Bentonite <input type="radio"/> Other						
Grouted Intervals: From 3 ft. to 20 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
What is the nearest source of possible contamination? <input checked="" type="radio"/> Septic tank <input type="radio"/> Cess pool <input type="radio"/> Sewage lagoon <input type="radio"/> Sewer lines <input type="radio"/> Seepage pit <input type="radio"/> Feed yard <input type="radio"/> Lateral lines <input type="radio"/> Pit privy <input type="radio"/> Livestock pens		10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines		14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)		
Direction from well South How many feet 150		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes _____ No _____						
If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____						
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal/min.						
Type of pump:	1 Submersible 2 Turbine		3 Jet 4 Centrifugal		5 Reciprocating 6 Other	
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on Dec month 12 day 81 year _____						
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 371 This Water Well Record was completed on _____ month _____ day _____ year under the business name of Royce Smith Drilling by signature [Signature]						
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		LITHOLOGIC LOG				
FROM TO FROM TO		LITHOLOGIC LOG				
0 4		Soil				
4 60		gravel & clay yellow sand Rock				
60 97		Brown Sand				
97 137		gray Sand white Sand				
ELEVATION:						
Depth(s) Groundwater Encountered 97 ft. 3 _____ ft. 4 _____ ft.		(Use a second sheet if needed)				

INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.