

Corrected 10/16/07

WATER WELL RECORD      Form WWC-5      KSA 82a-1212

<b>LOCATION OF WATER WELL:</b> County: <u>Franklin</u>		<b>Fraction</b> <u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		<b>Section Number</b> <u>31</u>	<b>Township Number</b> <u>T 16</u>	<b>Range Number</b> <u>R 18</u> <u>EW</u>																																																																																										
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 28' west of intersection of 6th St and West "B" St.</u>																																																																																																
WATER WELL OWNER: <u>City of Pomona, Kansas</u>																																																																																																
RR#, St. Address, Box #: <u>218 West "A" St.</u>																																																																																																
City, State, ZIP Code: <u>Pomona Kansas 66076</u>																																																																																																
Board of Agriculture, Division of Water Resources Application Number: _____																																																																																																
<b>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>DEPTH OF COMPLETED WELL</b> <u>222</u> ft. <b>ELEVATION:</b> _____																																																																																														
		Depth(s) Groundwater Encountered <u>1</u> <u>95</u> ft. 2. <u>155</u> ft. 3. _____ ft.																																																																																														
		WELL'S STATIC WATER LEVEL <u>46</u> ft. below land surface measured on mo/day/yr <u>2/21/07</u>																																																																																														
		Pump test data: Well water was <u>116</u> ft. after <u>4</u> hours pumping <u>64</u> gpm																																																																																														
		Est. Yield _____ gpm; Well water was _____ ft. after _____ hours pumping _____ gpm																																																																																														
		Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.																																																																																														
		WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well																																																																																														
Was a chemical/bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, mo/day/yr sample was submitted _____																																																																																																
Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																
<b>TYPE OF BLANK CASING USED:</b>																																																																																																
<input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought iron <input type="radio"/> 8 Concrete tile <b>CASING JOINTS:</b> Glued _____ Clamped _____ <input type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 9 Other (specify below) <input checked="" type="radio"/> Welded _____ <input type="radio"/> _____ <input type="radio"/> 7 Fiberglass <input type="radio"/> _____ <input type="radio"/> Threaded _____																																																																																																
Blank casing diameter <u>6</u> in. to <u>160</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.																																																																																																
Casing height above land surface <u>24</u> in., weight <u>18.97</u> lbs./ft. Wall thickness or gauge No. <u>280"</u>																																																																																																
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>																																																																																																
<input type="radio"/> 1 Steel <input checked="" type="radio"/> 3 Stainless steel <input type="radio"/> 5 Fiberglass <input type="radio"/> 8 RMP (SR) <input type="radio"/> 10 Asbestos-cement <input type="radio"/> 2 Brass <input type="radio"/> 4 Galvanized steel <input type="radio"/> 6 Concrete tile <input type="radio"/> 9 ABS <input type="radio"/> 11 Other (specify) _____ <input type="radio"/> _____ <input type="radio"/> 12 None used (open hole)																																																																																																
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>																																																																																																
<input checked="" type="radio"/> 1 Continuous slot <input type="radio"/> 3 Mill slot <input type="radio"/> 5 Gauzed wrapped <input type="radio"/> 8 Saw cut <input type="radio"/> 11 None (open hole) <input type="radio"/> 2 Louvered shutter <input type="radio"/> 4 Key punched <input type="radio"/> 6 Wire wrapped <input type="radio"/> 9 Drilled holes <input type="radio"/> _____ <input type="radio"/> 7 Torch cut <input type="radio"/> 10 Other (specify) _____																																																																																																
<b>SCREEN-PERFORATED INTERVALS:</b> From <u>140</u> ft. to <u>220</u> ft., From _____ ft. to _____ ft.																																																																																																
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<b>GRAVEL PACK INTERVALS:</b> From <u>140</u> ft. to <u>220</u> ft., From _____ ft. to _____ ft.																																																																																																
From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																																
<b>GROUT MATERIAL:</b> <input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____																																																																																																
Grout intervals: From <u>0</u> ft. to <u>20</u> ft., From <u>20</u> ft. to <u>140</u> ft., From _____ ft. to _____ ft.																																																																																																
<b>What is the nearest source of possible contamination:</b>																																																																																																
<input type="radio"/> 1 Septic tank <input type="radio"/> 4 Lateral lines <input type="radio"/> 7 Pit privy <input type="radio"/> 10 Livestock pens <input type="radio"/> 14 Abandoned water well <input type="radio"/> 2 Sewer lines <input type="radio"/> 5 Cess pool <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 11 Fuel storage <input type="radio"/> 15 Oil well/Gas well <input checked="" type="radio"/> 3 Watertight sewer lines <input type="radio"/> 6 Seepage pit <input type="radio"/> 9 Feedyard <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 16 Other (specify below) _____ <input type="radio"/> _____ <input type="radio"/> 13 Insecticide storage																																																																																																
Direction from well? <u>East</u> How many feet? <u>100 ft +</u>																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td>Gray Clay, red sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>80</td> <td>Brown sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>80</td> <td>87</td> <td>Gray sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>87</td> <td>91</td> <td>Gray shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>91</td> <td>121</td> <td>Gray sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>121</td> <td>145</td> <td>Gray shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>145</td> <td>155</td> <td>Gray shale w/ sandstone layers</td> <td></td> <td></td> <td></td> </tr> <tr> <td>155</td> <td>194</td> <td>gray sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>194</td> <td>197</td> <td>gray shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>197</td> <td>221</td> <td>Gray sandstone</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>							FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	5	Gray Clay, red sand				5	80	Brown sandstone				80	87	Gray sandstone				87	91	Gray shale				91	121	Gray sandstone				121	145	Gray shale				145	155	Gray shale w/ sandstone layers				155	194	gray sandstone				194	197	gray shale				197	221	Gray sandstone																											
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<b>CORRECTED</b>																																																																																																
<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="radio"/> (1) constructed, <input type="radio"/> (2) reconstructed, or <input type="radio"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2/15/07</u> and this record is true to the best of my knowledge and belief. Kansas																																																																																																
Water Well Contractor's License No. <u>570</u> This Water Well Record was completed on (mo/day/yr) <u>3/5/07</u>																																																																																																
Under the business name of <u>Aquadrill Inc.</u> by (signature) <u>[Signature]</u>																																																																																																

**CORRECTED**

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.