

1 LOCATION OF WATER WELL: County: <u>Franklin</u>		Fraction: <u>NW 1/4 NE 1/4 NW 1/4</u>	Section Number: <u>1</u>	Township Number: <u>T 17 S</u>	Range Number: <u>R 17 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>1 3/4 West Pomona Kans.</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code: <u>Pomona Kans. 660 76</u>			Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>115</u> ft. ELEVATION: <u>90</u> ft.			
		Depth(s) Groundwater Encountered 1. <u>10</u> ft. 2. <u>90</u> ft. 3. <u>90</u> ft.			
		WELL'S STATIC WATER LEVEL <u>40</u> ft. below land surface measured on mo/day/yr <u>12-5-89</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>30</u> x gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>10</u> in. to <u>35</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <u>X</u>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="radio"/> PVC		4 ABS		6 Asbestos-Cement	
				9 Other (specify below)	
				7 Fiberglass	
Blank casing diameter <u>6 1/4</u> in. to <u>36</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		Casing joints: Glued <u>X</u> Clamped _____			
Casing height above land surface <u>24</u> in., weight <u>48</u> lbs./ft. Wall thickness or gauge No. <u>sch 40</u>		Welded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		Threaded _____			
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				11 Other (specify)	
				<input checked="" type="radio"/> None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		6 Wire wrapped		<input checked="" type="radio"/> None (open hole)	
2 Louvered shutter		7 Torch cut		9 Drilled holes	
3 Mill slot				10 Other (specify)	
4 Key punched					
SCREEN-PERFORATED INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:					
1 Neat cement		35 <input checked="" type="radio"/> Cement grout		3 Bentonite	
Grout Intervals: From _____ ft. to _____ ft.		4 Other _____			
		From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well?		How many feet? <u>NONE AT TIME OF Drilling</u>			
FROM TO		LITHOLOGIC LOG		FROM TO	
0 7		Soil + Clay			
7 10		Clay + gravel			
10 40		gray shale			
40 90		gray sand stone			
90 145		white stone			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-5-89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>486</u> This Water Well Record was completed on (mo/day/yr) <u>1-4-90</u> under the business name of <u>Edgar Swank Well Drilling</u> by (signature) <u>Edgar Swank</u>					
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, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.					