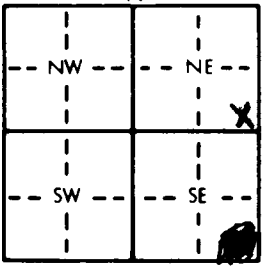


1 LOCATION OF WATER WELL: County: **FRANKLIN** Fraction: **SE 1/4 NE 1/4 SE 1/4** Section Number: **18** Township Number: **T 17 S** Range Number: **R 18 E**

Distance and direction from nearest town or city street address of well if located within city?
3 MILES SOUTH OF POMONA

2 WATER WELL OWNER: **GEORGE SHUSTER**
 RR#, St. Address, Box #: **RT #1 BOX 379C**
 City, State, ZIP Code: **BONNER SPRINGS, KS**
 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: **240** ft. ELEVATION:
 Depth(s) Groundwater Encountered: 1. **74 TRACE** ft. 2. **140** ft. 3. **225** ft.
 WELL'S STATIC WATER LEVEL: **140** ft. below land surface measured on mo/day/yr: **5-23-91**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: **28** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: **9** in. to **20** ft., and **6 3/4** in. to **240** ft.
 WELL WATER TO BE USED AS:
 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)
 PVC 4 ABS 7 Fiberglass
 Blank casing diameter: **5** in. to **120** ft. Dia. **5** in. to **240** ft. Dia. _____ in. to _____ ft.
 Casing height above land surface: **PUMP HOUSE** weight _____ lbs./ft. Wall thickness or gauge No. **SDR-26**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **120** ft. to **140** ft. From _____ ft. to _____ ft.
 From **220** ft. to **240** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **25** ft. to **240** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From **3** ft. to **25** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____
 13 Insecticide storage
 Direction from well? **NONE AT THIS TIME** How many feet? **PASTURE**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	12	SOIL-CLAY			
12	28	SHELL ROCK			
28	40	SHALE			
40	43	LIME			
43	70	SHALE			
70	74	LIME			
74	95	GREY SANDY SHALE			
95	170	GREY SHALE			
170	225	GREY SANDY SHALE			
225	240	WHITE SAND			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **5-23-91** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **5B6** This Water Well Record was completed on (mo/day/yr) **5-23-91** under the business name of **PATCHEN Pump & Well Drilling Co.** by (signature) **Long Patchen**

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

040000000-22