

1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Franklin		N 1/4 SW 1/4 SW	29	T 17 S	R 18 E
Distance and direction from nearest town or city? 5 South 1/4 East Pomona Kansas			Street address of well if located within city?		

2 WATER WELL OWNER:
 RR#, St. Address, Box # : **Ralph Shepard**
 City, State, ZIP Code : **Pomona Kansas**
 Board of Agriculture, Division of Water Resources
 Application Number:

3 DEPTH OF COMPLETED WELL: **245** ft. Bore Hole Diameter: **8 1/2** in. to **20** ft., and **6 1/2** in. to **245** ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: **140** ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data : Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **2** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: **Glued** Clamped
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded
 7 Fiberglass Threaded
 Blank casing dia **5 1/2** in. to **245** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **18** in., weight **Sch 40** lbs./ft. Wall thickness or gauge No **Sch 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____
 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 Screen-Perforation Dia **5 1/2** in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **205** ft. to **225** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From **0** ft. to **35** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below) _____
 13 Watertight sewer lines
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample 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 **(1) constructed**, **(2) reconstructed**, or **(3) plugged** under my jurisdiction and was completed on **April 23** month **1980** day **37** 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 **July** month **1980** day _____ year under the business name of **Royce Swank Drilling Co.** by (signature) **Royce Swank**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0	20			Soil and Clay	206	215			Grey Sand		
		20	35			Lime	215	245			Shale		
		35	40			Black Shale							
		40	50			Lime							
		50	65			White Shale							
		65	84			Lime							
		84	114			Blue Shale							
		114	118			Lime							
		118	205			Shale							
		205	206			Lime							

ELEVATION: _____

Depth(s) Groundwater Encountered 1. **15** ft. 2. **206** 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.