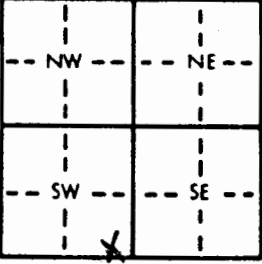
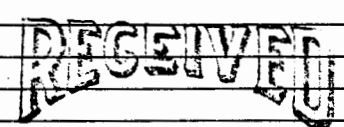


LOCATION OF WATER WELL:		Fraction: <u>SW 1/4 SE 1/4 SE 1/4</u>	Section Number: <u>2</u>	Township Number: <u>T 18 S</u>	Range Number: <u>R 17 EW</u>
County: <u>FRANKLIN</u>					
Distance and direction from nearest town or city street address of well if located within city? <u>2 mi-N 1 1/2 WEST WILLIAMSBURG</u>					
WATER WELL OWNER: <u>BACK H Mc BRATH JR.</u>			Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #: <u>RR 3</u>			Application Number:		
City, State, ZIP Code: <u>POMONA KAN 66076</u>					

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: <u>200</u> ft. ELEVATION: ft. Depth(s) Groundwater Encountered 1. <u>180</u> ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr <u>3-11-87</u> Pump test data: Well water was ft. after hours pumping gpm Est. Yield <u>11</u> gpm Well water was ft. after hours pumping gpm Bore Hole Diameter <u>9</u> in. to <u>25</u> ft. and in. to ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> 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 Observation well Was a chemical/bacteriological sample submitted to Department? Yes..... No..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	5 TYPE OF BLANK CASING USED: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below) Welded <input type="checkbox"/> 7 Fiberglass Threaded Blank casing diameter <u>5 1/2</u> in. to ft. Dia. <u>5 1/2</u> in. to ft. Dia. in. to ft. Casing height above land surface in., weight <u>SCH 40</u> lbs./ft. Wall thickness or gauge No. <u>SCH 40</u>
	TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> 1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 10 Other (specify)
	SCREEN-PERFORATED INTERVALS: From <u>180</u> ft. to <u>200</u> 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 <u>NONE</u> ft. to ft. From ft. to ft.

6 GROUT MATERIAL: <input type="checkbox"/> 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other	
Grout Intervals: From <u>0</u> ft. to <u>25</u> ft. From ft. to ft. From ft. to ft.	
What is the nearest source of possible contamination: <input type="checkbox"/> 1 Septic tank <input checked="" type="checkbox"/> 2 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage Direction from well? <u>WEST</u> How many feet? <u>100</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	SOIL			
2	15	SHELLY ROCK			
15	20	SHALE			
20	31	LIME			
31	136	SHALE			
136	151	GREY SANDED SHALE			
151	200	GREY SAND			
151	200	WHITE SAND			


 JUL 21 1989
 DIVISION OF ENVIRONMENT

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>3-11-87</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>468</u> This Water Well Record was completed on (mo/day/yr) <u>4-11-87</u> under the business name of <u>Swank Drilling</u> by (signature) <u>[Signature]</u>	
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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.