

1 LOCATION OF WATER WELL
 County Franklin Fraction 1/4 SE 1/4 SW 1/4 Section Number 28 Township Number T 18 S Range Number R 19 E 4
 Distance and direction from nearest town or city 1/2 mi. West 3 Mi. South, 1 3/4 Mi. West of Princeton, Kansas Street address of well if located within city?

2 WATER WELL OWNER: Joseph T. Grosko
 RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Kansas City, Kansas Application Number: _____

3 DEPTH OF COMPLETED WELL: 125 ft. Bore Hole Diameter: 8 1/4 in. to 125 ft., and _____ in. to _____ ft.
 Well Water to be used as:
 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level: #) 30 ft. below land surface measured on Jan. month 15 day 1980 year
 Pump Test Data Drill Test Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 1 to 1 1/2 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 Fiberglass 7 Fiberglass _____ Threaded _____
 Blank casing dia 6 in. to 30 ft., Dia 6 in. to 125 ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 12 in., weight SCH 40 lbs./ft. Wall thickness or gauge No SDR 21
 TYPE OF SCREEN OR PERFORATION MATERIAL: PVC 10 Asbestos-cement
 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 1/4
 Torch cut 10 Other (specify) _____
 Screen-Perforation Dia 6 in. to 30 to 45 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From None Used ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From #) 30 ft. to Surface ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) Cistern
 Direction from well Southeast How many feet 60 to 75? Water Well Disinfected? Yes No _____
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, date sample was submitted _____ month _____ day _____ year Pump Installed? Yes XXXXXX No _____
 If Yes: Pump Manufacturer's name Fairbanks Morse Model No. _____ HP 1/2 Volts 230
 Depth of Pump Intake 120 ft. Pumps Capacity rated at 5 gal./min.
 Type of pump: Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on January month 15 day 1980 year, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 107
 This Water Well Record was completed on April 4 month 4 day 1981 year under the business name of Swank Water Well Drilling by (signature) George H Swank

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
5	0	5	Sandy Soil			
15	5	20	Yellow Sand Rock			
10	20	30	White Shale			
15	30	45	White Sand			
10	45	55	Gray Shale			
5	55	60	Blue Sand			
65	60	125	Gray Shale			

ELEVATION: _____

Depth(s) Groundwater Encountered 1. 30 ft. 2 to 45 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.

OFFICE USE ONLY
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