

1 LOCATION OF WATER WELL: Marshall County:	Fraction 1/4 1/4 NE1/4	Section Number 18	Township Number 3	Range Number 9
--	---------------------------	----------------------	----------------------	-------------------

Distance and direction from nearest town or city street address of well if located within city?  
 Frankfort is located 5 miles south and 1 1/2 east.

2 WATER WELL OWNER: Kenneth Wanklyn  
 RR#, St. Address, Box #: 1525 20th Road  
 City, State, ZIP Code : Frankfort, KS 66427  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  
 N

	N W	N E	
		X	
W			E
	S W	S E	
	S		

4 DEPTH OF WELL.....<sup>23</sup>.....ft.  
 WELL'S STATIC WATER LEVEL.....<sup>11</sup>.....ft.  
 WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering
<input checked="" type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
<input checked="" type="checkbox"/> 3 Feedlot	7 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other.....

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)	5 Wrought	7 Fiberglass	<input checked="" type="checkbox"/> 9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	Hand-dug - rock lined

Blank casing diameter.....<sup>36</sup>.....in. Was casing pulled? Yes  No..... If yes, how much.....<sup>36"</sup>.....  
 Casing height above or below land surface.....<sup>36"</sup>.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  3 Bentonite 4 Other.....  
 Grout Plug Intervals: From <sup>5</sup>...ft. to <sup>4.5</sup>...ft., From.....ft. to .....ft., From..... to .....ft.  
 What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="checkbox"/> 16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	Water well for house
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? East How many feet? 300'+

FROM	TO	PLUGGING MATERIALS
0	12	Chlorinated Sand
12	5	Clay Subsoil
5	4.5	grout plug
4.5	0	topsoil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/18/97 and this record is true to the best of my knowledge and belief. Kansas  
 9/18/97 Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) .....  
 under the business name of landowner  
 by (signature) X. J. Wanklyn

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 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.