

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

County: Marshall

Location listed as:

Section-Township-Range: 9-4S-ME

Fraction (1/4 1/4 1/4): NE SW SE

Location changed to:

9-4-9E

NE SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: location of well on WWC5. Interactive Mapper,

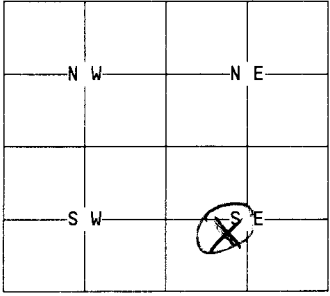
initials: DS date: 7/19/2011

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Marshall	NE 1/4 SW 1/4 SE 1/4	9	4 South	17 East

Distance and direction from nearest town or city street address of well if located within city?
 The well is located north of 10th Street and outside the city limits.

2 WATER WELL OWNER: Mr. Jerry Stowell phone: 913-292-4275
 RR#, St. Address, Box #: 206 East 10th St. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Frankfort, Ks. 66427 Application Number: n/a

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4	DEPTH OF WELL.....88.....ft. (at time of plugging)
			WELL'S STATIC WATER LEVEL....24.7....ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
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..X.
 If yes, mo/day/yr sample was submitted.....
 Water Well Disinfected: Yes..... No..X..

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter...2...in. Was casing pulled? Yes...X... No..... If yes, how much...3.5 feet
 Casing height above or below land surface.....40...in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Plug Intervals: From...3.5...ft. to...24...ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	Former grain storage facility
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? ..northwest..... How many feet? ..approx...1,000 ft.

FROM	TO	PLUGGING MATERIALS
0	3.5'	top soil (silty loam)
3.5'	24'	bentonite (benseal)
24'	88'	sand (20-40 silica)

Comments:

- 1) This well was referred to as MW #2 in Frankfort PWS Site (a.k.a. Site ID 00151243)
- 2) This well was abandoned and not sampled.
- 3) The wells former location is approx. 65 feet southwest of the new dam's outlet pipe.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) May 13, 1997... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. (exempt)..... This Water Well Record was completed on (mo/day/year) May 14, 1997..... under the business name of KDHE/BER Pre-Remedial Unit.....
 by (signature)

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.