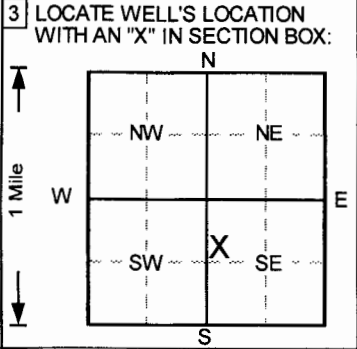


1 LOCATION OF WATER WELL: County: **Marshall** Fraction: **SW 1/4 NW 1/4 SE 1/4** Section Number: **9** Township Number: **T 4 S** Range Number: **R 9 E/W**

Distance and direction from nearest town or city street address of well if located within city?
 ~1/4 mi. N of Tumbleweed Rd. on K9 Hwy, Frankfort

2 WATER WELL OWNER: KDHE
 RR#, St. Address, Box # : 1000 SW Jackson St., Suite 410
 City, State, ZIP Code : Topeka, KS 66612-1367
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF COMPLETED WELL: **70** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was **NA** ft. after _____ hours pumping _____ gpm
 Est. Yield **NA** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **8** in. to **72** ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **10** Monitoring well
 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 2 **PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded
 Blank casing diameter **2** in. to **55** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **32** in., weight _____ lbs./ft. Wall thickness or gauge No. **Sch. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 **PVC** 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 **Mill slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) _____ 11 None (open hole)
 SCREEN-PERFORATED INTERVALS: From **55** ft. to **70** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **52** ft. to **72** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 **Other Concrete**
 Grout Intervals: From **0** ft. to **3** ft., From **3** ft. to **52** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay, silty, Dark Brown	70	72	Silt and Sand (f), Lt. Yellowish Brown
3	6	Silt, some clay, Dark Yellowish Brown			
6	13	Clay, some silt, Dark Yellowish Brown			
13	16	Silt, trace clay, Yellowish Brown			
16	20	Silt, Brownish Yellow			
20	24	Silt and Clay, Lt. Yellowish Brown			
24	30	Silt, Lt. Yellowish Brown			
30	35	Silt, trace sand, Pale Brown			
35	40	Silt, trace clay, Pale Yellow			
40	41	Silt, trace sand, Lt. Brownish Gray			
41	45	Sand, Lt. Yellowish Brown			
45	50	Sand (m-c), Lt. Yellowish Brown			
50	55	Silt and Clay, Grayish Brown			MW4, Abovegrade
55	60	No recovery,			Project Name: BM - Frankfort SWP
60	70	Sand (f-m), Grayish Brown			GeoCore # 1408, #

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **9/25/2007** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **10/22/07**
 under the business name of **GeoCore, Inc.** by (signature) *Dan Kelly*

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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