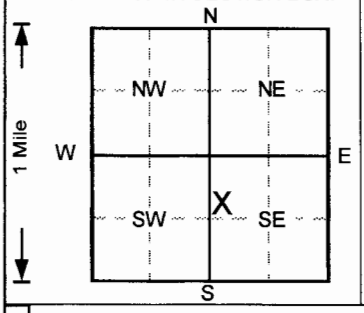
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Marshall**	**SW ¼ NW ¼ SE ¼**	**9**	T **4** S	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:

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



4 DEPTH OF COMPLETED WELL **68** 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 **70** 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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded
(2) PVC 4 ABS 7 Fiberglass Threaded ✓
Blank casing diameter **2** in. to **53** ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface **36** in., weight lbs./ft. Wall thickness or gauge No. **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL: (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)

SCREEN-PERFORATED INTERVALS: From **53** ft. to **68** ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From **50** ft. to **70** ft., From ft. to ft.
From ft. to 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 **50** ft., From ft. to ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage
Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Clay, trace silt, Dark Brown	68	70	Sand and silt, Grayish Brown
3	5	Silt and Clay, Very Dark Grayish Brown			
5	12	Silt w/clay, Brown			
12	16	Silt, trace clay, Yellowish Brown			
16	19	Silt, Brownish Yellow			
19	25	Silt and Clay, Lt. Yellowish Brown			
25	30	Silt, Lt. Yellowish Brown			
30	37	Silt, trace clay, trace sand, Very Brownish Gr			
37	40	Silt, trace clay, Pale Yellow			
40	45	Sand, Pale Yellow			
45	50	Sand (m), Lt. Yellowish Brown			
50	55	Silt w/clay, tr. sand, Lt. Yellowish Brown			
55	60	Sand (-c), Lt. Yellowish Brown			MW5 , Abovegrade
60	65	Sand (m-c), Grayish Brown			Project Name: BM - Frankfort SWP
65	68	No Recovery,			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) **9/26/2007** 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) Dale Pahl

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.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼