		RECORD		a WWC-5	Divis	ion of Wa	iter Resour	ces; App. No		
County:	M	WATER WELL: arshall	SW 1/4	NE ¼	SW ½	ection Nu	umber 7	T 4	S 1	Range Number
Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits)										
located within city? 119 W. 2 nd , Frankfort, KS Latitude: N 39.70178° Longitude: W 96.41986°										
2 WATER WELL OWNER: T&S Oil Co. (T&C Converters) Elevation: 1144 18 pin / 1143.81 toc										
RR#, S	St. Address,	Box # : 119 W	. 2 nd	_	D			nean sea level		
City, S	tate, ZIP Co	ode : Frankfo	ort, KS 6642	27	D	ata Colle	ection Met	thod: legal sur	vey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 20 ft.										
LOCA			, -	, ••	Ŋ	MW3R	6 6	•	_	ا ۔
	AN "X" II	Depth(s) Grou	ndwater End	countered l	40.65		_ n. 2	ft.	. 3	ft. v/yr 8/22/0 7
SECT	ION BOX:	WELL'S STA	IIC WATE	K LEVEL	13.61 ft.	below lai	nd surface	measured on n	no/day	//yr 8/22/07
ļ <u>, </u>	N	Pum	test data:	Well water	was	ft.	after	nours pu	ımping	g gpm g gpm
		Est. Yield	gpm:	Well water	was	ft.	after	hours pu	mping	gpm gpm
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioni 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering								conditioning 1	l Inje	ction well
w		E 1 Domestic 3	reed lot	6 Oil field v	vater supply	1,	9 Dewate	ering 12	Other	(Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr										yes, mo/day/yrs
S Sample was submitted Water Well Disinfected? Yes No X										
5 TYPE OF 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										
1 Ste	eel :	3 RMP (SR) 6	Asbestos-0	Cement	9 Other (sp	ecify be	low)	W	elded	
/ ^ \ DX :		4 4 70 0	T:11					771		3 187
Blank cas	ing diameter	r 2 in. to	10 1	ft., Dia	in	. to	ft., D)ia	in. to	ft.
Blank casing diameter 2 in. to 10 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.37 ft., Weight lbs./ft. Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)										
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot 3 Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 9 ft. to 20 ft. From ft. to ft.										
SCREEN-PERFORATED INTERVALS: From 10 ft to 20 ft From ft to ft										
	0.01		From		ft. to		ft. From	 n	ft. to	
GR	AVEL PAC	K INTERVALS:	From	9	ft. to	20	ft From	 n	ft. to	
			From		ft. to	-=:	ft. Fron	 1	ft. to	ਜ

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other cement, 0-2 Grout Intervals From 2 ft. to 9 ft. From ft. to ft. From ft. to ft.										
Grout Intervals From 2 ft. to 9 ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination:										
I	ie nearest so tic tank	urce of possible con 4 Lateral li			O Livestoc	k nens	13 Incest	ricide Storage	1	6 Other (specify
	uc tank er lines	5 Cess poo		age lagoon (1				doned water we		below)
									-11	JCIOW)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? West 12 Fertilizer storage 15 Oil well/ gas well How many feet? ~25 ft										
ļ	,		1 00101 0				T.AT.	DITIOORIO		37AT C
FROM	TO		LOGIC LO	<u> </u>	FROM	TO		PLUGGING I	NIER	CVALS
3		Gravel, sand, fill Silty clay, black, n	naist na ad	lor			 			- <u>- 10 10 10 10 10 10 10 10 10 10 10 10 10 </u>
8		Silty clay, maist, o					 		·	
13		Silty clay, moist, d							•	
18		Silty clay, wet, da								

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7 CONTE	DACTOR	CODIANDONA	ממט פיסק	TIPICATIO	NI. TL:	tae w.c11	1 (1) L	mmated (2)		and an (2) =1
		S OR LANDOWN and was completed on			JIN: INIS W					ed, or (3) plugged owledge and belief.
		tractor's License No.			ater Well Rec			on (mo/day/year)		
		of Larsen & Ass			by (signatu			(
INSTRUCT	TIONS Please	fill in blanks or circle t	he correct ansy	vers Send ton t	hree conies to	Kansas De	martment of	Health and Environ	nment 1	Bureau of Water
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420. Topeka, Kansas 66612-1367. Telephone 785-296-5522. Sand one to WATER WELL OWNER and retain one for										
your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.										

TC A 925-1212