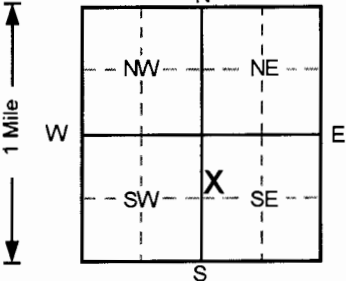


1 LOCATION OF WATER WELL: County: <b>Montgomery</b>		Fraction <b>SW 1/4 NW 1/4 SE 1/4</b>		Section Number <b>25</b>		Township Number T <b>34</b> S		Range Number R <b>16</b> <b>EW</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>400 N. Linden, Coffeyville, KS</b>									
2 WATER WELL OWNER: <b>Farmland Industries, Inc.</b>									
RR#, St. Address, Box # : <b>P.O. Box 570</b>					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <b>Coffeyville, Kansas 67337-0570</b>					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 			4 DEPTH OF COMPLETED WELL ..... <b>36.7</b> ..... ft. ELEVATION: ..... <b>730.96</b> .....						
			Depth(s) Groundwater Encountered 1. .... <b>30.5</b> ..... 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 <b>NA</b> ft. after ..... hours pumping ..... gpm Est. Yield <b>NA</b> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm Bore Hole Diameter ..... <b>8</b> ..... in. to ..... <b>36.7</b> ..... 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 <b>10</b> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No <input checked="" type="checkbox"/>						
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 ..... <b>2</b> PVC 4 ABS 7 Fiberglass Threaded. <input checked="" type="checkbox"/>									
Blank casing diameter ..... <b>2</b> ..... in. to ..... <b>31.5</b> ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface ..... <b>35.76</b> ..... in., weight ..... lbs./ft. Wall thickness or gauge No. .... <b>Sch. 40</b> .....									
TYPE OF SCREEN OR PERFORATION MATERIAL <b>7</b> PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass <b>8</b> 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: <b>1</b> Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) <b>2</b> Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) .....									
SCREEN-PERFORATED INTERVALS: From ..... <b>31.5</b> ..... ft. to ..... <b>36.7</b> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.									
GRAVEL PACK INTERVALS: From ..... <b>29.5</b> ..... ft. to ..... <b>36.7</b> ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.									
6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other ..... Grout Intervals: From ..... <b>0</b> ..... ft. to ..... <b>1</b> ..... ft., From ..... <b>1</b> ..... ft. to ..... <b>29.5</b> ..... 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 <b>16</b> Other (specify below) ..... <b>Refinery Facility</b> ..... Direction from well? <b>At Refinery</b> How many feet?									
FROM TO LITHOLOGIC LOG					FROM TO PLUGGING INTERVALS				
0 9 Clay, Dark Brown									
9 18 Clay, Dark Brown									
18 19.5 Clay, Black									
19.5 22 Clay, Dark Brown									
22 24 Clay, Olive Gray									
24 33 Sand, Olive									
33 36 Gravel, Yellow Brown									
36 36.7 Limestone, Olive									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>1/12/96</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>527</b> ..... This Water Well Record was completed on (mo/day/yr) ..... <b>1/23/96</b> ..... under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>Dale Robt</i>									
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

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