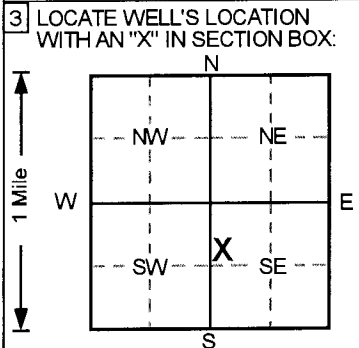


1 LOCATION OF WATER WELL: County: Montgomery	Fraction SW 1/4 NW 1/4 SE 1/4	Section Number 25	Township Number T 34 S	Range Number R 16 EW
--------------------------------------------------------	-----------------------------------------	-----------------------------	----------------------------------	---------------------------------------

Distance and direction from nearest town or city street address of well if located within city?

400 N. Linden, Coffeyville, KS

2 WATER WELL OWNER: **Farmland Industries, Inc.**
 RR#, St. Address, Box # : **P.O. Box 570** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Coffeyville, Kansas 67337-0570** Application Number:



4 DEPTH OF COMPLETED WELL **31** ft. ELEVATION: **721.27**
 Depth(s) Groundwater Encountered 1. **24** 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 **31** in. and _____ in. to _____ in.
 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 **25.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **27** 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 **25.5** ft. to **31** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **24** ft. to **31** 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 _____
 Grout Intervals: From **0** ft. to **1** ft., From **1** ft. to **24** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage **16 Other (specify below)**
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage **Refinery Facility**
 Direction from well? **At Refinery** How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7.5	Clay, Olive Gray to Black to Dark Brown			
7.5	9.5	Clay, Dark Olive Gray			
9.5	10	Clay, Dark Olive Gray			
10	15	Clay, Black to Dark Olive Gray			
15	20	Clay, Olive			
20	25	Clay, Yellow Brown			
25	29	Gravel, Yellow Brown			
29	31	Shale, Gray			
					MW37, Tag #, Abovegrade
					Project Name: Farmland Refinery-56 Wells
					GeoCore # 255, #

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) **1/10/96** 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) **1/16/96**
 under the business name of **GeoCore Services, Inc.** by (signature) *[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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

00000