

CORRECTION(S) TO WATER WELL RECORD (WWC-5)  
(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 36-345-17E

Fraction ( 1/4 1/4 1/4): N2 NE

County: Montgomery

Location changed to:

36-345-16E

N2 NE

Other changes: Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: written & legal descriptions, city street map, and mapping tool & aerial photos on KGS website.

initials: ERS date: 7/13/2012

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

|   |                           |                         |                |                 |              |
|---|---------------------------|-------------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL:   | Fraction                | Section Number | Township Number | Range Number |
|   | County: <u>Montgomery</u> | <u>1/4 N 1/2 NE 1/4</u> | <u>36</u>      | <u>34S</u>      | <u>17E</u>   |

Distance and direction from nearest town or city street address of well if located within city?  
400 N. Linden, Coffeyville, Kansas

2 WATER WELL OWNER: Radian Corporation  
 RR#, St. Address, Box #: 1801 Broadway, St 1800 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Denver, Colo. 80202 Application Number:

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

|   |   |   |   |
|---|---|---|---|
|   |   |   | X |
| N | W |   | E |
| W |   |   | E |
|   | S | W | E |
|   |   |   | S |

4 DEPTH OF WELL.....15.....ft.  
 WELL'S STATIC WATER LEVEL.....9.31.....ft.  
 WELL WAS USED AS:  
 1 Domestic      5 Public Water Supply      9 Dewatering  
 2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well  
 3 Feedlot       7 Lawn and Garden Only    11 Injection Well  
 4 Industrial    8 Air Conditioning        12 Other.....  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No X..  
 If yes, mo/day/yr sample was submitted.....  
 Water Well Disinfected: Yes..... No X..

5 TYPE OF BLANK CASING USED:  
 1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below)  
 2 PVC    4 ABS        6 Asbestos-Cement    8 Concrete Tile  
 Blank casing diameter.....2.....in.    Was casing pulled? Yes...X.. No..... If yes, how much...10ft...  
 Casing height above or below land surface.....0.....in.

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

| FROM     | TO        | PLUGGING MATERIALS    |
|----------|-----------|-----------------------|
| <u>0</u> | <u>2</u>  | <u>Compacted Clay</u> |
| <u>2</u> | <u>15</u> | <u>Bentonite</u>      |
|          |           |                       |
|          |           |                       |
|          |           |                       |
|          |           |                       |
|          |           |                       |
|          |           |                       |
|          |           |                       |

DW-6

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....8-11-98..... 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/year).....9-3-98..... under the business name of Geacord Services.....  
 by (signature) Art. Bell.....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.