USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Montgomery	NW 1/4 SE 1/4 NW 1/4	8	T 34 S	R 16 E/W

2. Distance and direction from nearest town or city: From INDEPENDENCE 3 mi SO. ON 10th St 1 mi EAST 1/8 South

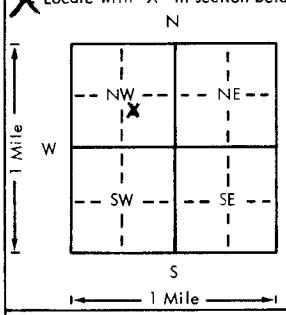
Street address of well location if in city:

X Owner of well: Paul Hurley

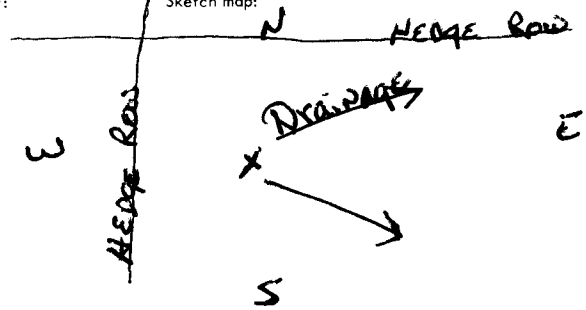
X R.R. or street:

X City, state, zip code: Coffeyville, Kan.

X Locate with "X" in section below:



Sketch map:



X Bore hole dia. 9 in. Completion date 6-25-79
Well depth X 91 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lown __ Oil field water __ Other

X Casing: Material _____ Height: (Above) or below
Threaded ____ Welded ____ Surface 12 in.
RMP ____ PVC ✓ Weight _____ lbs./ft.
Dia. 5 in. to 91 ft. depth X Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 40 schedual

X Screen: Manufacturer's name STREM
NSF ASTM
Type PVC Dia. 5"
Slot/gauze 25/1000 Length 90
Set between X 71 ft. and X 91 ft.
____ ft. and ____ ft.
Gravel pack? X Size range of material #4 + 1/2

5. Type and color of material	From	To
Top Soil	0	1
Brown Clay (soft)	1	28
Blue Shale	28	47
Hard Sand Gray	47	57
Shale Gray	57	62
Hard Sand	62	90
Lime	90	91

(Use a second sheet if needed)

11. Static water level: mo./day/yr.
22 ft. below land surface Date 6/26/79

12. Pumping level below land surfaces: NA
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes ✓ No Date _____

14. Well head completion:
__ Pitless adapter NA Inches above grade

15. Well grouted? ✓
With: ✓ Neat cement ____ Bentonite ____ Concrete
Depth: From 0 ft. to 10 ft.

X Nearest source of possible contamination: NA
ft. ____ Direction ____ Type ____
Well disinfected upon completion? ____ Yes ____ No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:

Topography:
__ Hill
✓ Slope
__ Upland
__ Valley

19. Remarks: Concrete slab to be installed by customer at surface of ground. He knows this is a regulation

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
SES Drilling 379
Business name License No.
Address 514 W. Plum Iola, Ks
Signed [signature] Date 6-26-79
Authorized representative

T 34 S R 16 E/W Sec 8 1/4 1/4 1/4 1/4 NW SW

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023