WATER WELL RECORD Form WWC-5 KSA 82a-1212

LOCATION OF WATER WELL:	Fraction			Section Number	Township Number	Range Number
ounty: Montgomery	NW ¼	SW ¼	SE ¼	25	T 34 S	R 16 E/W

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

1/8 mi north of North Linden

WATER WELL OWNER: Farmland Industries
R#, St. Address, Box # : North Linden
ity, State, ZIP Code : Coffeyville, KS 67337

Board of Agriculture, Division of Water Resources
Application Number:

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
        N
   |    |    |
 --NW-- |--NE--
   |    |    |
W  |----|----| E
   |    |    |
 --SW-- |--SE--
   |  X |    |
        S
```

4 DEPTH OF COMPLETED WELL...... 18.2.... ft. ELEVATION: ....
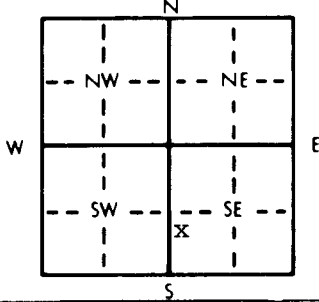
Depth(s) Groundwater Encountered 1........16.......ft. 2.............ft. 3.............ft.

WELL'S STATIC WATER LEVEL .... ft. below land surface measured on mo/day/yr ....

Pump test data: Well water was .... ft. after .... hours pumping .... gpm

Est. Yield .... gpm: Well water was .... ft. after .... hours pumping .... gpm

Bore Hole Diameter...7.25..in. to ....18.2........ft., and................in. to ....ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	5 Public water supply 8 Air conditioning 11 Injection well
2 Irrigation	4 Industrial	6 Oil field water supply 9 Dewatering 12 Other (Specify below)
		7 Lawn and garden only (10 Monitoring well)...............

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)

TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron 8 Concrete tile
(2 PVC)	4 ABS	6 Asbestos-Cement 9 Other (specify below)
		7 Fiberglass Stainless Steel

CASING JOINTS: Glued ......Clamped......
Welded ....
Threaded. X.............

lank casing diameter ....2.........in. to ....8.2.....ft., Dia ....in. to ....ft., Dia ....in. to ....ft.

asing height above land surface........24.........in., weight ....lbs./ft. Wall thickness or gauge No. ....0.18 in.......

YPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	(3 Stainless steel)	7 PVC 10 Asbestos-cement
2 Brass	4 Galvanized steel	5 Fiberglass 8 RMP (SR) 11 Other (specify)..............
		6 Concrete tile 9 ABS 12 None used (open hole)

CREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped 8 Saw cut 11 None (open hole)
2 Louvered shutter	4 Key punched	(6 Wire wrapped) 9 Drilled holes
		7 Torch cut 10 Other (specify)...............

CREEN-PERFORATED INTERVALS: From........8.2.....ft. to ....18.2........ft., From ....ft. to ....ft.
From..........ft. to ....ft., From ....ft. to ....ft.

GRAVEL PACK INTERVALS: From........6.2.....ft. to ....18.2........ft., From ....ft. to ....ft.
From..........ft. to ....ft., From ....ft. to ....ft.

GROUT MATERIAL: (1 Neat cement)   2 Cement grout   (3 Bentonite)   4 Other .concrete...................

rout Intervals: From....2....ft. to .....4.2....ft., From ....4.2..ft. to......6.2..ft., From ....0.......ft. to ..2.........ft.

/hat 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 16 Other (specify below)
		13 Insecticide storage ......landfill..........

irection from well? How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	clay - greenish brown			
7	16.5	clay - brown			
16.5	18.2	gravel - medium			

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was ompleted on (mo/day/year) ......3-6-91................ and this record is true to the best of my knowledge and belief. Kansas /ater Well Contractor's License No. ....538.......... This Water Well Record was completed on (mo/day/yr) ....3-27-91..........
nder the business name of Fugro-McClelland by (signature) *Charles Shrouly*

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.