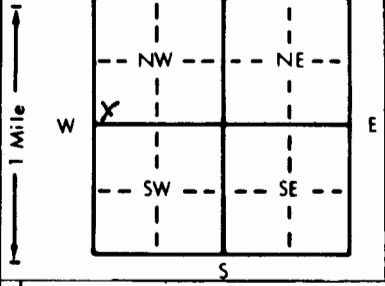


1 LOCATION OF WATER WELL: County: Montgomery Fraction SW 1/4 SW 1/4 NW 1/4 Section Number 33 Township Number T 34 S Range Number R 16 W

Distance and direction from nearest town or city street address of well if located within city? 3906 W First St Coffeyville KS

2 WATER WELL OWNER: Williams Pipeline
RR#, St. Address, Box #: 10200 W 25th St Suite 270 Board of Agriculture, Division of Water Resources
City, State, ZIP Code: Shawnee Mission KS 66204 Application Number:

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



4 DEPTH OF COMPLETED WELL: 13.8 ft. ELEVATION: 796.46
Depth(s) Groundwater Encountered 1. 7.39 ft. 2. _____ ft. 3. _____ ft.
WELL'S STATIC WATER LEVEL 7.27 ft. below land surface measured on mo/day/yr 12/7/93
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 4.8 in. to 13.8 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 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: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
Blank casing diameter 2 in. to 3.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface 0.0 in., weight Sch 40 lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 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 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 3.5 ft. to 13.8 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From 3.0 ft. to 13.8 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout Bentonite 4 Other _____
Grout intervals: From 0.0 ft. to 3.0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 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
Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0.0	1.4	Topsoil Gr-13r			
1.4	2.8	Lime stone Gr			
2.8	3.5	shale 13r			
3.5	13.8	sandstone Gr.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/29/93 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 10/29/94 under the business name of Terracon Consultants Inc by (signature) Richard P. ...

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.