KSA 82a-1212

Number-Range Township Fraction Section Number Number LOCATION OF WATER WELL: 36 SW, SE , SE , 16E Montgomery **34S** E/W County: Distance and direction from nearest town or city street address of well if located within city? 620 E. 8th Street, Coffeyville, Ks 2 WATER WELL OWNER: Eddy's One Stop Board of Agriculture, Division of Water Resources RR #, St. Address, Box #: 320 N. Ottro **Application Number:** City, State, ZIP Code : Coffeyville, Ks 67337 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL .NA ft. **WELL WAS USED AS:** 9 Dewatering 5 Public Water Supply 1 Domestic NE (0) Monitoring Well 6 Oil Field Water Supply 2 Irrigation 3 Feedlot 7 Domestic (Lawn & Garden) 1 Injection Well Ε 12 Other 8 Air Conditioning W 4 Industrial SE If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No ...X..... TYPE OF BLANK CASING USED: 7 Fiberglass 9 Other (Specify below) 3 RMP (SR) 5 Wrought 2) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Yes X If yes, how much 2 1/2 feet in. Was casing pulled? No Blank casing diameter Casing height above or below land surfacein. 4)OtherSurface silts and clays (3)Bentonite GROUT PLUG MATERIAL: 3 1 Neat cement 2 Cement grout From 20.5 ft to5 ft. Grout Plug Intervals: What is the nearest source of possible contamination: (16) Other (specify below) 6 Seepage pit 11 Fuel storage 1 Septic tank 7 Pit privy 12 Fertilizer storage 2 Sewer lines 13 Insecticide storage 3 Watertight sewer lines 8 Sewage lagoon 14 Abandoned water well 4 Lateral lines 9 Feedyard 15 Oil well/Gas well 10 Livestock pens 5 Cess pool How many feet? Direction from well? PLUGGING MATERIALS FROM TO Bentonite .5 20.5 Surface silts/clays 0 .5 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/19/07 and this record is true to the best of my knowledge and belief. Kansas water Well Contractor's License No. _______585 ______ This Water Well Record was completed on (mo/day/year) ______ under the business name of ______Associated Environmental, Inc. INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Se fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.