

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

County: Montgomery

Location listed as:

Section-Township-Range: None Given

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

36-345-16E

NW NE SE SE

Other changes: Initial statements: No owner name given.

Changed to: Coffeyville Resources Refining & Marketing, LLC

Comments: Owner's name from county assessor's parcel search online.

verification method: well address, city street map, plat map, and mapping tool on KGS website.

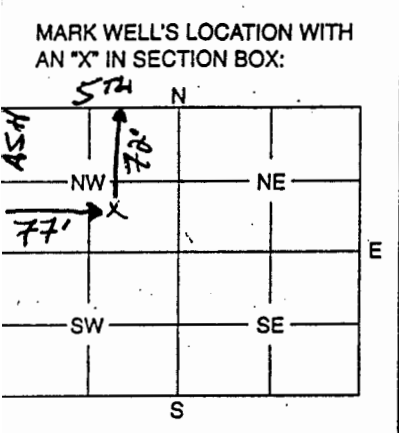
initials: DR date: 12/3/2008

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.

| | | | | |
|-------------------------|-------------------------|----------------|-----------------|--------------|
| LOCATION OF WATER WELL: | Fraction ¼ ¼ ¼ | Section Number | Township Number | Range Number |
|-------------------------|-------------------------|----------------|-----------------|--------------|

County: MONTGOMERY
 Distance and direction from nearest town or city street address of well if located within city?

WATER WELL OWNER: Colleyville, KS
 RR #, St. Address, Box #: 803 E 5TH
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____



4 DEPTH OF WELL 17'6" ft.
 WELL'S STATIC WATER LEVEL 15' 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 Domestic (Lawn & Garden) 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

TYPE OF BLANK CASING USED:

| | | | | |
|---------|------------|-------------------|-----------------|--------------------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) <u>BRICK</u> |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter 3' in. Was casing pulled? Yes No If yes, how much Completely

Casing height above or below land surface

GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Flowable Fill

Grout Plug Intervals: From ft. to ft., From ft. to 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) |
| 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? SOUTH How many feet? 78'

| FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|
| 2'6" | 15' | Chlorinated Rock |
| 5' | 3'6" | Compacted Soil |
| 3'6" | 3' | Flowable Fill |
| 3' | Grade | Compacted Soil |
| | | |
| | | |

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01/25/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) _____ under the business name of _____
 by (signature) [Signature]

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, Geology Section, 1000 SW Jackson Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.