

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 (1/4 1/4 1/4): _____

Location changed to:

36-34S-16E

S2 SW 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: DRd 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 1/4 1/4 1/4	Section Number	Township Number	Range Number
County: <u>Montgomery</u>				<u>E/W</u>

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

WATER WELL OWNER: Coffeyville KS

RR #, St. Address, Box #: 712 E 8TH Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : _____ Application Number: _____

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

4 DEPTH OF WELL 14'0" ft.
 WELL'S STATIC WATER LEVEL 12'6" 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 X.....
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes X 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 3'4" in. Was casing pulled? Yes X No If yes, how much Full depth
 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? How many feet?

FROM	TO	PLUGGING MATERIALS
14'6"	12'6"	Chlorinated Gravel
3'6"	3'	Flowable Fill
12'6"	3'6"	Native Soil
-3'	-0	Native Soil

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-4-07 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.