

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

W2 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.

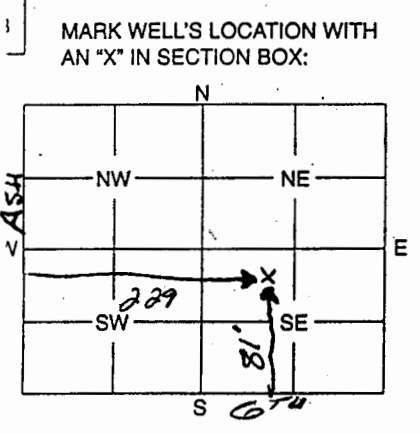
initials: RR date: 12/3/2008

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	Section Number	Township Number	Range Number
County: <u>MONTGOMERY</u>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			EW

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 #: 810 E 6<sup>TH</sup>  
 City, State, ZIP Code: \_\_\_\_\_  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL ..... 14'3" ft.  
 WELL'S STATIC WATER LEVEL ..... 13' ft.  
 WELL WAS USED AS:  
 Domestic      5 Public Water Supply      9 Dewatering  
 Irrigation      6 Oil Field Water Supply      10 Monitoring Well  
 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well  
 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	<input checked="" type="radio"/> 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 X No .....      If yes, how much TOTAL  
 Casing height above or below land surface ..... 0 in.

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

Grout Plug Intervals:      From ..... ft. to ..... ft.,      From ..... ft. to ..... ft.,      From ..... ft. to ..... ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="radio"/> Other (specify below) <u>CISTERN</u>
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? NORTH      How many feet? 10'

FROM	TO	PLUGGING MATERIALS
<u>14'3"</u>	<u>13'</u>	<u>Chlorinated Rock</u>
<u>13'</u>	<u>3'6"</u>	<u>Compacted Soil</u>
<u>3'6"</u>	<u>3'</u>	<u>Flowable Fill</u>
<u>3'</u>	<u>Grade</u>	<u>Compacted Soil</u>

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 1130/28 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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.