

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:

36-34 S-16 E

SW NW 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: DRS date: 12/3/2008

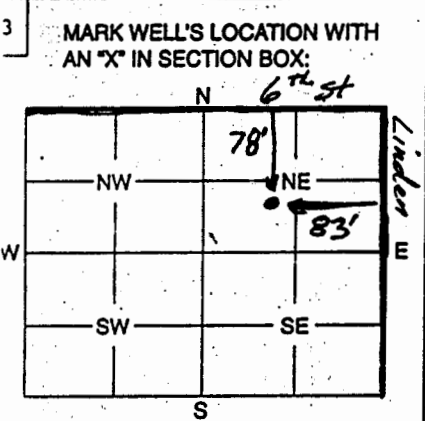
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Montgomery</u>	<u>1/4 1/4 1/4</u>			EW

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

2 WATER WELL OWNER: Cottleville, Ks.

RR #, St. Address, Box #: 617 E 6th St Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : _____ Application Number: _____



4 DEPTH OF WELL 20' ft.

WELL'S STATIC WATER LEVEL 16' ft.

WELL WAS USED AS:

<input checked="" type="radio"/> 1 Domestic	<input type="radio"/> 5 Public Water Supply	<input type="radio"/> 9 Dewatering
<input type="radio"/> 2 Irrigation	<input type="radio"/> 6 Oil Field Water Supply	<input type="radio"/> 10 Monitoring Well
<input type="radio"/> 3 Feedlot	<input type="radio"/> 7 Domestic (Lawn & Garden)	<input type="radio"/> 11 Injection Well
<input type="radio"/> 4 Industrial	<input type="radio"/> 8 Air Conditioning	<input type="radio"/> 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

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input checked="" type="checkbox"/> 9 Other (Specify below) <u>Brick</u>
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter 3.6" in. Was casing pulled? Yes No If yes, how much Full Depth

Casing height above or below land surface in.

6 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:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
<u>20'</u>	<u>8'6"</u>	<u>Chlorinated Gravel</u>
<u>8'6"</u>	<u>3'6"</u>	<u>Native Soil / Clay</u>
<u>3'6"</u>	<u>3'</u>	<u>Flowable Fill</u>
<u>3'</u>	<u>Grade</u>	<u>Native Soil / Clay</u>

CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/20/07 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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.