

1 LOCATION OF WATER WELL
 County: Montgomery Fraction NW 1/4 SW 1/4 SW 1/4 Section Number 33 Township Number T 34 S Range Number R 16 E/W

Distance and direction from nearest town or city? West Coffeyville
 Street address of well if located within city? 3504 W 6th Coffeyville Kan.

2 WATER WELL OWNER: James Hull
 RR#, St. Address, Box # 67337
 City, State, ZIP Code 3504 W 6th Coffeyville, Keno
 Board of Agriculture, Division of Water Resources
 Application Number:

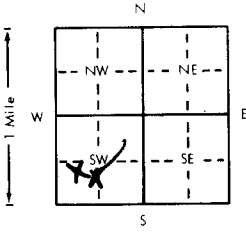
3 DEPTH OF COMPLETED WELL... 150 ft. Bore Hole Diameter... 10 in. to 10 ft. and 6 in. to 150 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level... 0 (DRY) ft. below land surface measured on May month 15 day 81 year
 Pump Test Data Well water was... ft. after... hours pumping... gpm
 Est. Yield ? gpm: Well water was... ft. after... hours pumping... gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued... Clamped...
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded...
 7 Fiberglass Threaded...
 Blank casing dia... 6 in. to 16 1/2 ft. Dia... in. to... ft. Dia... in. to... ft.
 Casing height above land surface... 18 in., weight... lbs./ft. Wall thickness or gauge No. SDR 21
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)
 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia... in. to... ft. Dia... in. to... ft. Dia... in. to... ft.
 Screen-Perforated Intervals: From... ft. to... ft., From... ft. to... ft., From... ft. to... ft.
 Gravel Pack Intervals: From... ft. to... ft., From... ft. to... ft., From... ft. to... ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Yellow Clay
 Grouted Intervals: From... 0 ft. to 2 ft., From... 2 ft. to 10 ft., From... ft. to... ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines None Known
 Direction from well OK How many feet... ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample
 was submitted... month... day... year: Pump Installed? Yes No
 If Yes: Pump Manufacturer's name... Model No... HP... Volts...
 Depth of Pump Intake... ft. Pumps Capacity rated at... gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was
 completed on... May month... 16 day... 1981 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 393
 This Water Well Record was completed on... May month... 17 day... 1981 year under the business
 name of Country Water by (signature) Melvin Ray Weber

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



| FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG |
|------|-----|----------------|------|----|---|
| 0 | 1 | Soil | | | |
| 1 | 15 | Yellow Clay | | | No Water well was cased. Owner was going to try to dynamite it later. |
| 15 | 17 | Sand Rock | | | |
| 17 | 21 | Hard Clay | | | |
| 21 | 94 | Gray Shale | | | |
| 94 | 96 | Lime | | | |
| 96 | 125 | Gray Shale | | | |
| 125 | 140 | Black Shale | | | |
| 140 | 146 | Slate | | | |
| 146 | 150 | Gray Shale | | | |

ELEVATION:

Depth(s) Groundwater Encountered 1. No Water ft. 3... ft. 4... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
34
R
16
DW
SEC
M
3
SW 1/4
SW 1/4