

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well: County <b>MONTGOMERY</b>		Fraction <del>NE 1/4</del> <b>NE 1/4 OF NE 1/4</b>		Section number <b>34-<del>2</del></b>		Township number <b>T 34-S</b>		Range number <b>R 16-E EW</b>	
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>1801 WOODLAND COFFEYVILLE, KS. 67337</b>				3. Owner of well: <b>SHERWIN WILLIAMS CO.</b> R.R. or street: <b>1100-1900 W. FOURTH ST.</b> City, state, zip code: <b>COFFEYVILLE, KS. 67337</b>					
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile				Sketch map: 		6. Bore hole dia. <b>8</b> in. Completion date <b>10/14/80</b> Well depth <b>6</b> ft.			
5. Type and color of material				From		To		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
FILL DIRT				0'		3'		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other	
CLAY - YELLOW/BROWN				3'				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>36</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>6</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>14</b>	
								10. Screen: Manufacturer's name _____ Type <b>PERFORATED</b> Dia. <b>4"</b> Slot/gauze <b>1/8" HOLES</b> Length <b>4'</b> Set between <b>2</b> ft. and <b>4</b> ft. _____ ft. and _____ ft. <del>SAND</del> gravel pack? <input checked="" type="checkbox"/> Size range of material <b>MED.</b>	
								11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____	
								12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
								13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
								14. Well head completion: _____ Pitless adapter <b>36</b> Inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> YES With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>2</b> ft.	
RECEIVED  OCT 21 1980  DIVISION OF ENVIRONMENT OF KANSAS  (Use a second sheet if needed)								16. Nearest source of possible contamination: ft. <b>1500'</b> Direction <b>SOUTH</b> Type <b>VARIES</b> Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No	
18. Elevation: <b>738.0</b>		19. Remarks: <b>THIS IS A WELL FOR USE IN MONITORING GROUNDWATER.</b> <b>DESIGNATED #10 (<del>DEEP</del> SHALLOW) -OFF-PLANT</b>		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>JEFFREY DRUG CO. 315</b> Business name License No. Address <b>BCA 346 GUREKA, KS. 67045</b> Signed <b>Jeffrey Drug</b> Date <b>10/16/80</b> Authorized representative					

T 34 S  
 R 16 E  
 SEC 34  
 NE NW NE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5