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

WATER WELL RECORD
KSA 82a-1201-1215

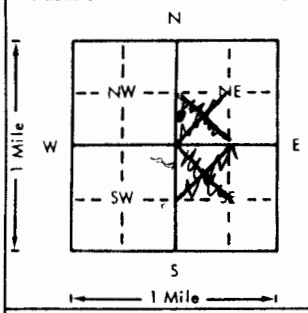
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County: MONTGOMERY	Fraction: SW 1/4 of NW SW NE 1/4	Section number: 34	Township number: T 34-S S	Range number: R 16-E E/W

2. Distance and direction from nearest town or city: PLANT IS SURROUNDED BY CITY OF COFFEYVILLE.
Street address of well location if in city:

3. Owner of well: SHERWIN WILLIAMS CO.
R.R. or street: 1100-1900 WEST FOURTH ST.
City, state, zip code: COFFEYVILLE KS. 67337

4. Locate with "X" in section below: Sketch map:



6. Bore hole dia. 8 in. Completion date 12/15/80
Well depth 22 ft.

7. X Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water X Other

9. Casing: Material _____ Height: Above or below
Threaded ____ Welded ____ Surface 36 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 4 in. to 22 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. 1/4"

5. Type and color of material	From	To
CINDERS-GRAY/BLACK	0'	3'
CLAY - YELLOW/BROWN	3'	10'
SHALE - BROWN	10'	19'
SHALE - BLUE	19'	

(Use a second sheet if needed)

10. Screen: Manufacturer's name _____
Type PERFORATED Dia. 4"
Slot/gauze 1/8" HOLES Length _____
Set between 17 ft. and 22 ft.
_____ ft. and _____ ft.
~~Gravel~~ Sand pack? ~~YES~~ Size range of material MED.

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 X No Date _____

14. Well head completion:
__ Pitless adapter 36 Inches above grade

15. Well grouted? YES
With: __ Neat cement __ Bentonite X Concrete
Depth: From 0 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 100' Direction SE Type VARIES
Well disinfected upon completion? ____ Yes X No

17. Pump: X Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

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18. Elevation: 752.5
Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:
THIS IS A WELL FOR USE IN MONITORING GROUNDWATER.
DESIGNATED: #7 WELL (DEEP)

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.
JEFFREY DRILLING CO 315
Business name License No.
Address BOX 346 EUREKA KS. 67045
Signed Jack Jeffrey Date 10/15-80
Authorized representative

34 T 16 R E
32 Sec
NW SW NE 1/4 1/4 1/4

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

Form WWC-5

MI-1023