

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 ^{NW} 1/4 OF 1/4 NW 1/4 SE 1/4	Section number 34-3	Township number T 34-S	Range number S R 16-E EW									
2. Distance and direction from nearest town or city: PLANT IS SUR-ROUNDED 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. <u>8</u> in. Completion date <u>10/14/80</u> Well depth <u>6</u> ft.										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>5. Type and color of material</td> <td>From</td> <td>To</td> </tr> <tr> <td>CINDERS - GRAY/BLACK</td> <td>0'</td> <td>3'</td> </tr> <tr> <td>CLAY - BROWN/YELLOW</td> <td>3'</td> <td></td> </tr> </table>		5. Type and color of material	From	To	CINDERS - GRAY/BLACK	0'	3'	CLAY - BROWN/YELLOW	3'		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	
				5. Type and color of material	From	To								
CINDERS - GRAY/BLACK	0'	3'												
CLAY - BROWN/YELLOW	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		9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>36</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>6</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>1/4"</u>		10. Screen: Manufacturer's name _____ Type <u>PERFORATED</u> Dia. <u>4"</u> Slot/gauze <u>1/8" HOLES</u> Length <u>4"</u> Set between <u>2</u> ft. and <u>6</u> ft. _____ ft. and _____ ft. <u>SAND</u> pack? <input checked="" type="checkbox"/> <u>YES</u> Size range of material <u>MED.</u>										
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 checked="" type="checkbox"/> No <input type="checkbox"/> Date _____										
14. Well head completion: <input type="checkbox"/> Pitless adapter <u>36</u> inches above grade		15. Well grouted? <u>YES</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>2</u> ft.		16. Nearest source of possible contamination: ft. <u>50'</u> Direction <u>EAST</u> Type <u>VARIES</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
<p>RECEIVED</p> <p>OCT 21 1980</p> <p>DIVISION OF ENVIRONMENT OF 22 SEC.</p> <p>(Use a second sheet if needed)</p>		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		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 DRUG CO <u>315</u> Business name License No. Address <u>Box 346 EUREKA, KS. 67045</u> Signed <u>John Jeffrey</u> Date <u>10/14/80</u> Authorized representative										
		18. Elevation: <u>750.6</u> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks: THIS IS A WELL FOR USE IN MONITORING-GROUNDWATER. DESIGNATED: #4 WELL (SHALLOW)										

34
 16
 34
 NW 1/4 SE
 1/4 1/4 1/4 1/4
 Sec

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

Form WWC-5