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

WATER WELL RECORD
KSA 82a-1201-1215

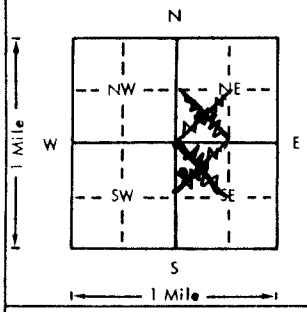
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	MONTGOMERY	SW 1/4 OF SW 1/4 NW 1/4 SE 1/4	34-S	T 34-S S	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 10/13/80
Well depth 23 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 23 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'	5'
CLAY - YELLOW/BROWN	5'	9'
SHALE - BROWN	9'	19'
SHALE - BLUE	19'	

10. Screen: Manufacturer's name _____
Type PERFORATED. Dia. 4"
Slot/gauze 1/8" HOLES Length 6'
Set between 17' ft. and 23' 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 14 ft.

16. Nearest source of possible contamination:
ft. 100' Direction NE Type VARIOUS
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

RECEIVED
OCT 21 1980
DIVISION OF ENVIRONMENT
OF SEC.

(Use a second sheet if needed)

18. Elevation: 745.5
Topography:
__ Hill
X Slope
__ Upland
__ Valley

19. Remarks:
THIS IS A WELL FOR USE IN MONITORING GROUNDWATER
DESIGNATED: #1 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 10-13-80
Authorized representative

34 T 16 (E) R 34 Sec SW 1/4 NW 1/4 SE 1/4

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

Form WWC-5

MI-1023