

County: Montgomery Fraction SW SW NW Sec. 33 T. 34 S R. 16 (E/W)

CORRECTION(S) TO WATER WELL COMPLETION RECORD (WWC-5)

(to rectify lacking or incorrect information)

Owner: Williams Pipeline

Location was listed as:

Location changed to:

Section-Township-Range: 33-34S-16E

33-34S-16E

Fraction (1/4 1/4 1/4): NW NW SW

SW SW NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

Verification method: Written description, city street map, locations of other wells for this project, and mapping tool on KGS website.

initials: DRB date: 9/21/2012

Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

WATER WELL RECORD Form WWC-5 KSA 82a-1212

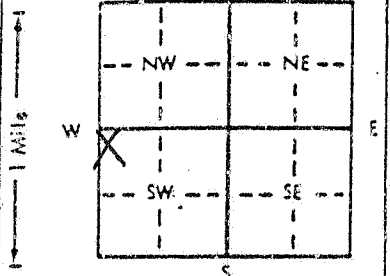
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	NW 1/4 NW 1/4 SW 1/4	33	T 34 S	R 16 E

Distance and direction from nearest town or city street address of well if located within city?
Northeast corner of First St. and Englewood, Coffeyville Kansas

2 WATER WELL OWNER: Williams Pipeline
 RR#, St. Address, Box # : 10200 W. 75th St. Suite 270
 City, State, ZIP Code : Shawnee Mission, Kansas 66204
 Board of Agriculture, Division of Water Resources
 Application Number:

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

4 DEPTH OF COMPLETED WELL 7 ft. **ELEVATION:** NA



Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. ft.
WELL'S STATIC WATER LEVEL ... NA ft. below land surface measured on mo/day/yr
 Pump test data: Well water was ft. after hours pumping gpm
 Est. Yield gpm: Well water was ft. after hours pumping gpm
 Bore Hole Diameter..... NA in. to ft., and in. to ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only **10 Monitoring well**
 Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X..... If yes, mo/day/yr sample was submitted
 Water Well Disinfected? Yes No X

5 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 diameter in. to ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			9 ABS	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-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other
 Grout intervals: From 0 ft. to 7 ft., From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			0	7	Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or **3** plugged under my jurisdiction and was completed on (mo/day/year) 08-30-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 11-15-94 under the business name of **GebCore Services, Inc.** by (signature) *Don All*

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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.