

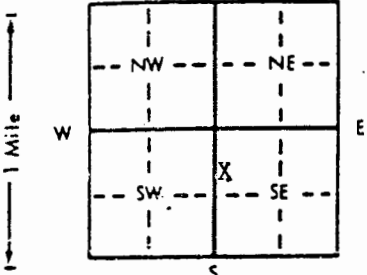
WATER WELL RECORD Form WWC-5 KSA 82a-1212

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|--|---|-----------------------------|----------------------------------|--|
| 1 LOCATION OF WATER WELL: County: <u>Montgomery</u> | Fraction <u>SW</u> 1/4 <u>NW</u> 1/4 <u>SE</u> 1/4 | Section Number <u>25</u> | Township Number T <u>34</u> S | Range Number R <u>16</u> EW |
|--|---|-----------------------------|----------------------------------|--|

Distance and direction from nearest town or city street address of well if located within city?
North and Linden Streets, Coffeyville, KS

2 WATER WELL OWNER: Farmland Industries
 RR#, St. Address, Box # : North and Linden
 City, State, ZIP Code : Coffeyville, KS 67337

Board of Agriculture, Division of Water Resource
Application Number:

| | |
|--|--|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  | 4 DEPTH OF COMPLETED WELL... <u>25</u> ft. ELEVATION: Depth(s) Groundwater Encountered 1..... <u>17.02</u> ft. 2..... <u>17.02</u> ft. 3..... <u>17.02</u> ft. WELL'S STATIC WATER LEVEL <u>17.02</u> ft. below land surface measured on mo/day/yr <u>11/30/94</u> 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..... <u>8</u> in. to <u>25.5</u> 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 <u>10</u> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <u>X</u> ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No <u>X</u> |
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5 TYPE OF BLANK CASING USED:

| | | | | |
|--------------|------------|-------------------|-------------------------|--|
| 1 Steel | 3 RMP (SR) | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued Clamped |
| <u>2</u> PVC | 4 ABS | 6 Asbestos-Cement | 9 Other (specify below) | Welded |
| | | 7 Fiberglass | | Threaded..... <u>X</u> |

Blank casing diameter 2 in. to 20 ft., Dia in. to ft., Dia in. to ft.
 Casing height above land surface.....30 in., weight lbs./ft. Wall thickness or gauge No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

| | | | | |
|---------|--------------------|-----------------|--------------|--------------------------|
| 1 Steel | 3 Stainless steel | 5 Fiberglass | <u>7</u> 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 | <u>3</u> 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.....20 ft. to25 ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From.....17 ft. to25.5 ft., From ft. to ft.
 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. to16 ft., From.....16 ft. to17 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 | 6 Sewage lagoon | 11 Fuel storage | 15 Oil well/Gas well |
| 3 Watertight sewer lines | 6 Seepage pit | 9 Feedyard | 12 Fertilizer storage | <u>16</u> Other (specify below) <u>Refinery</u> |
| | | | 13 Insecticide storage | |

Direction from well? Unknown How many feet? Unknown

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|------|----------------------------|------|----|--------------------|
| 0 | 5 | Fill - Gravel and Top Soil | | | |
| 5 | 7 | No Recovery | | | |
| 7 | 12 | Green-Brown Clay | | | |
| 12 | 20 | Olive and Gray Silt | | | PZ6A |
| 20 | 22 | Orange Silty Clay | | | Above ground |
| 22 | 22.5 | Gravel | | | |
| | | | | | |
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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) ... 11/30/94 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) ... 12/14/94 under the business name of GebCore Services, Inc. by (signature) Dae Riff

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.