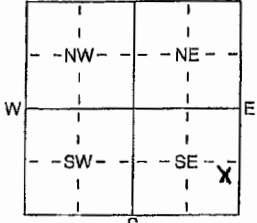


1 LOCATION OF WATER WELL: Fraction NE 1/4 SE 1/4 SE 1/4 Section Number 18 Township Number T 34 S R 17 E W
 County: MONTGOMERY

Distance and direction from nearest town or city street address of well if located within city?
2412 HWY. 169, COFFEYVILLE, KS 67337 LAT: 37° 4.888 N (GOOD) (EARTH)
LONG: 95° 34.82 W

2 WATER WELL OWNER: SOUTHWIRE COMPANY, (770-832-4000)
 RR#, St. Address, Box #: 1 SOUTHWIRE DR. Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: CARROLLTON, GA 30119 Application Number: _____

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

 4 DEPTH OF COMPLETED WELL: 18 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 6 ft. 2 _____ ft. 3 _____ ft.
 WELL'S STATIC WATER LEVEL _____ 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
 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 Domestic (lawn & garden) 10 Monitoring well M.W. - GA
WOB# 102053
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No ; If yes, mo/day/yr sample was submitted (N/A)
 Water Well Disinfected? Yes _____ No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter 2 in. to 13 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Dia _____
 Casing height above land surface 3ft. in. weight _____ lbs./ft. Wall thickness or gauge No. SCH. #40
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-Cement
 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) _____
 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) _____
 SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ ft.
 SCREEN-PERFORATED INTERVALS: From 13 ft. to 18 ft. From _____ ft. to _____ ft.
 SAND/GRAVEL PACK INTERVALS: From 1 ft. to 18 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other CONCRETE
 Grout Intervals: From (#3) 9 ft. to 11 ft., From (#2) 3 ft. to 9 ft., From (#4) 0 ft. to 3 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	15'	CLAY			
15'	20'	GRAVEL WITH SAND			
+3'	-3'	STEEL ABOVE GROUND WELL PROTECTOR W/LOCK (4" x 4" x 6')			
					* The subject property is located adjacent to a property where groundwater levels are known to exceed the MCL for chlorinated VOCs.
					Well is located within 500-feet of the north and east property boundary. The well network is intended to monitor the migration of this plume.
					(SURVEYED AT: LAT: 37.08144 LONG: 95.58039)

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) 3-27-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 788 This Water Well Record was completed on (mo/day/yr) 5/10/10 under the business name of ROBERTS ENV. DRILLING, INC. by (signature) Charles Roberts

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

CORRECTED