WATER WEL	L RECORD	Form	WWC-5				ces; App. No.	
1 LOCATION C	F WATER WELL:	Fraction NW 4	SW 4 S	Se Se	ction Nur. 31	nber	Township Number T 34 S	Range Number R 17 E
Distance and direc	ion from nearest town	or city street	address of v	well if Glo	bal Posit	ioning S	System (decimal de	grees, min. of 4 digits)
County: Montgomery NW ½ SW ½ SW ½ 31 T 34 S R 17 E Distance and direction from nearest town or city street address of well if located within city? 700 Northeast St., Coffeyville, KS Global Positioning System (decimal degrees, min. of 4 digits) Latitude: N 37.03709°								
				L	ongitude:	W 95.5	59956°	F F
2 WATER WEI	L OWNER: KDHI	<u> </u>					715.81; TOC: 715.	33
	ss, Box # : 1000 S		lvd		atum:	WGS8	ethod: legal surve	I
City, State, ZIP	Code : Topeka	KS	MATTER T		ata Conec	mon wie	ft.	<u> </u>
	LL'S 4 DEPTH O	COMPLE	LED MELL	15.84	WXXI40		1t.	
LOCATON		1 . T	. 11	ľ	AW10	4 2	ft 3	ı fı
WITH AN "X"	Pepth(s) Grou	ndwater Enco	ountered I	O 41 E 1		II. Z	a managrad on ma	8 ft. day/yr 2/3/15
SECTION BO	X: WELL'S STA	HC WATER	LEVEL	9.41 11. (ociow fair	u suriace	houre num	ning ann
N	Pum	p test data:	well water v	vas	II. a	fter	hours pum	ping gpm gpm
	Est. Yield	gpm:	Well water v	vas	п. а	ner O Aim	nours pum	Injection well
- NW - NE	WELL WATE	R TO BE US	ED AS: 5 1	ublic water	r supply	Alf (conditioning 11	her (Specify below)
W	E Domestic 3	Feed lot	Oil field w	ater supply	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dewai	ering 12 O	ther (Specify below)
	E 2 Irrigation 4	Industrial	Domestic (iawn & ga	rden) (t) MOIII	oring wen	
SW SE		1.11			- D - 11 m m f 11		Voc. No. V	· If wee molday/xire
	Was a chemica	il/bacteriolog	ical sample	submitted i	о рераги	nem:	1 Diginfooted? Ve	; If yes, mo/day/yrs
S	Sample was su	ibmitted			· · · · · · · · · · · · · · · · · · ·	ater we	II Disiniected: 16	es No X
5 TYPE OF CA	SING USED: 5	Wrought Iro	on 8	Concrete	tile	CASIN	NG JOINTS: Glue	d Clamped
1 Steel	2 PMP (SP) 6	A chectoe-Co	ement 9	Other (sr	ecify belo	w)	Weld	ied
(2)PVC	4 ABS 7	Fiberglass					Thre	aded X
Blank casing diam	eter 2 in. to	5.82 ft	., Dia	in	to	ft., I	Diai	n. toft.
Casing height below	4 ABS 7 eter 2 in. to	26 ft., W	eight		lbs./fi	t. Wall	thickness or gauge	No.
TYPE OF SCREE	N OR PERFORATIO	N MATERIA	<u>L</u> :		_		11 01 / 10	,
1 Steel 3 S	tainless steel 5 Fi	berglass (7) PVC	9 AB	S		11 Other (specify)
2 Brass 4 C	Falvanized steel 6 Co	oncrete tile	8 RM (SR)	10 Ast	pestos-Cei	ment	12 None used (op	en noie)
SCREEN OR PER	FORATION OPENIN	IGS ARE:	e suranned	7 Torch	cut (9 Drille	d holes 11 Nor	ne (open hole)
2 Louvered s	slot 3 Mill slot hutter 4 Key punch	ed 6 Wire	wrapped	8 Saw C	ut 10	0 Other	(specify)	(-1
SCREEN-PERFO	RATED INTERVALS	: From	5.82	ft. to	15.82	ft. From	\mathbf{m} . \mathbf{n}	π.
DOI COLOR IN THE C		From		ft. to		It. From	\mathbf{m}	10 11.
GRAVELE	ACK INTERVALS:	T7-00-000	•	ft to .	16.02	tt Hron	m tt	10 11
		From		ft. to		ft. Fron	m ft.	to ft.
CDOLUB MAG	TEDIAT . 1 Neet con	mont 2 Cor	nont grout	(3) Renton	ite (4	Other (Concrete: 0-1'	
6 GROUI MAI	ERIAL: 1 Neat cer	ment 2 Cer	Enom	ft t)Oillei .	From	ft to ft
From ft. to ft.								
What is the nearest source of possible contamination.								
1 beptie tilik								
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11) Fuel storage 14 Abandoned water well below; 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well								
Direction from well? SE How many feet? ~120'								
		T OCIC I OC		FROM	TO		PLUGGING IN	TERVALS
FROM TO 0.2		LOGIC LOC	<u> </u>	1 I/OIAI	10		1100001140114	
$\begin{array}{c cc} 0 & 0.2 \\ \hline 0.2 & 6 \end{array}$	Asphalt Gray to black silt	v clav						
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Gray to brown sil							
10 16.03								
7 CONTRACTO	D'S OR LANDOWN	JER'S CEPT	CIFICATIO	N: This wa	iter well w	as (1) co	nstructed (2) recons	tructed, or (3) plugged
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) 2/3/15 and this record is true to the best of my knowledge and belief.								
Kansas Water Well	Contractor's License No	. 757	. This Wat	er Well Rec	ord was co	mpletek	of (fno/day/year)	2/24/15
lum don the business n	ome of I arean & As	sociates Inc		hy (signatu	re)	/	1 1	
INSTRUCTIONS: P	ease fill in blanks or circle	the correct answ	ers. Send top th	ree copies to	Kansas Dep	oartment o	of Neally and Environm	ent, Bureau of Water,
INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Nearly and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WASER WELL OWNER and retain one for								
your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.								

TRITERRA LAND SERVICES

P.O. Box 546 Clearwater, Kansas 67026 Cell (316) 648-3617 Fax (620) 584-4371 E-mail: triterrals@yahoo.com

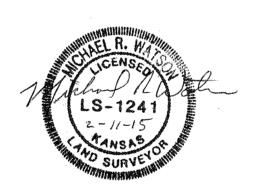
SURVEYING OF ADDITIONAL MONITORING WELLS 701 NORTHEAST STREET COFFEYVILLE, KANSAS

The above site is in Section 31, Township 34 South, Range 17 East of the Sixth Principal Meridian, Montgomery County, Kansas. The Southeast corner of Section 31 was assigned coordinates of 00.00 North and 00.00 West.

The previously established site control point was used for vertical control. It is described as a chiseled X on the southeast corner of the old sign base at the north edge of the site.

The Latitude and Longitude were recorded from a GPS device. The site is located on the quad map titled "Coffeyville East".

ID SE CORNER 31-34S-17E	NORTH 00.00	WEST 00.00	LATITUDE	LONGITUDE	ELEVATION
	(Ir	regular Section)			
Control Point	894.41	6302.29	37.03682	95.59920	715.94
MW-9 SW NW SW SW	933.27	6236.59	37.03693	95.59895	RIM 714.62 TOC 714.08
MW-10 SW NW SW SW	990.06	6415.01	37.03709	95.59956	RIM 715.81 TOC 715.55



State of Kansas KDHE/BER Well Tag Form

701	Northeast	Street
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KDHE Project Code:	$oxed{U}$	3	0	6	3	1	4	5	4	9		
Well Tag Number				Well Number								
0051038					MW9							
0051037					MW10							
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After completing this form, photocopy it and keep the copy for your files. Send the original to the address below.

Kansas Department of Health & Environment Bureau of Environmental Remediation 1000 SW Jackson, Suite 410 Topeka, KS 66612-1367