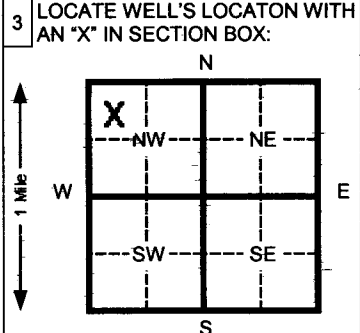


1 LOCATION OF WATER WELL: Fraction **SE 1/4 NW 1/4 NW 1/4** Section Number **3** Township Number **T 35 S** Range Number **R 16** EW  
 County: **Montgomery**  
 Distance and direction from nearest town or city street address of well if located within city?  
**1008 Siggins Street, Coffeyville, Kansas**

2 WATER WELL OWNER: **Crescent Oil Company**  
 RR#, St. Address, Box # : **P.O. Box 667** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Independence, Kansas 67301** Application Number:



4 DEPTH OF COMPLETED WELL **15.0** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 **N/A** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL **5.53** ft. below land surface measured on mo/day/yr  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield **NA** gpm: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter **8.5** in. to **15.0** ft. and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic)  Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  If yes, mo/day/yr sample was submitted  
 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 \_\_\_\_\_  
 PVC 4 ABS 7 Fiberglass Threaded   
 Blank casing diameter **2.375** in. to **5.0** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **Flush Mount** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **Schedule 40**  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  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  Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From **15.0** ft. to **5.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **15.0** ft. to **3.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement  Cement grout  Bentonite 4 Other \_\_\_\_\_  
 Grout Intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **3.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy  Livestock pens 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon  Fuel storage (former) 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? **South** How many feet? **5**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	0.5		<b>Concrete</b>
0.5	7.0		<b>Gray-olive green very silty clay, laminated, firm, moist-very moist, slight hydrocarbon odor</b>
7.0	15.0		<b>Red brown very silty clay, friable-slightly hard, moist-dry, slight hydrocarbon odor, slightly discolored 14-15'</b>
15.0			<b>Limestone</b>
<b>Exception to K.A.R. 28-30-6(b) (1) and (e) approved by D. Taylor, KDHE-BOW.</b>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/yr) **02/28/07** and this record is true to the best of my knowledge and belief Kansas  
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **04/01/07**  
 under the business name of **Quad State Services, Inc.** by (signature) \_\_\_\_\_  
 INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S.W. Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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