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|---|------|--|--|---|---|
| 1 LOCATION OF WATER WELL: County: Montgomery | | Fraction SE ¼ NW ¼ NW ¼ | Section Number 3 | Township Number T 35 S | Range Number R 16 E/W |
| 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 | | | |
| City, State, ZIP Code : Independence, Kansas 67301 | | 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 18.0 ft. ELEVATION: | | | |
| | | Depth(s) Groundwater Encountered 1 N/A ft. 2 _____ ft. 3 _____ ft. | | | |
| | | WELL'S STATIC WATER LEVEL 10.50 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 18.0 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) <input checked="" type="radio"/> Monitoring well | | | |
| | | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ | | | |
| | | Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> | | | |
| 5 TYPE OF BLANK CASING USED: | | | | | |
| 1 Steel | | 3 RMP (SR) | | 5 Wrought Iron | |
| <input checked="" type="radio"/> 2 PVC | | 4 ABS | | 8 Concrete tile | |
| | | | | CASING JOINTS: Glued _____ Clamped _____ | |
| | | | | 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____ | |
| | | | | 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/> | |
| Blank casing diameter 2.375 in. to 8.0 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: | | | | | |
| 1 Steel | | 3 Stainless steel | | <input checked="" type="radio"/> 7 PVC | |
| 2 Brass | | 4 Galvanized steel | | 8 RMP (SR) | |
| | | | | 10 Asbestos-cement | |
| | | | | 11 Other (specify) _____ | |
| | | | | 12 None used (open hole) | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | |
| 1 Continuous slot | | <input checked="" type="radio"/> 3 Mill slot | | 5 Gauzed wrapped | |
| 2 Louvered shutter | | 4 Key punched | | 8 Saw cut | |
| | | | | 9 Drilled holes | |
| | | | | 10 Other (specify) _____ | |
| | | | | 11 None (open hole) | |
| SCREEN-PERFORATED INTERVALS: From 18.0 ft. to 8.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | |
| GRAVEL PACK INTERVALS: From 18.0 ft. to 6.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | | | | | |
| 6 GROUT MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other _____ | | | | | |
| Grout Intervals From 0.0 ft. to 1.0 ft. From 1.0 ft. to 6.0 ft. From _____ ft. to _____ ft. | | | | | |
| What is the nearest source of possible contamination: | | | | | |
| 1 Septic tank | | 4 Lateral lines | | 7 Pit privy | |
| 2 Sewer lines | | 5 Cess pool | | <input checked="" type="radio"/> 10 Livestock pens | |
| 3 Watertight sewer lines | | 6 Seepage pit | | 8 Sewage lagoon | |
| | | | | 9 Feedyard | |
| | | | | 11 Fuel storage (former) | |
| | | | | 12 Fertilizer storage | |
| | | | | 13 Insecticide storage | |
| | | | | 14 Abandoned water well | |
| | | | | 15 Oil well/ Gas well | |
| | | | | 16 Other (specify below) _____ | |
| Direction from well? Southeast How many feet? 130 | | | | | |
| FROM | TO | CODE | LITHOLOGIC LOG | | |
| 0.0 | 0.5 | | Aggregate | | |
| 0.5 | 6.0 | | Red brown very silty clay, laminated, firm, moist | | |
| 6.0 | 8.0 | | Red brown very silty clay, laminated, iron oxide stained, mottled black, firm, moist | | |
| 8.0 | 14.5 | | Gray brown-red brown very silty clay, friable-slightly hard, moist-dry | | |
| 14.5 | 18.0 | | Gray brown shale, weathered, dry | | |
| 18.0 | | | Limestone | | |
| | | | | | |
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| | | | Exception to K.A.R. 28-30-6(b) (1) and (e) approved by D. Taylor, KDHE-BOW. | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> constructed, <input type="radio"/> reconstructed, or <input type="radio"/> plugged under my jurisdiction and was completed on (mo/day/yr) 03/05/07 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) <i>[Signature]</i> | | | | | |
| 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. | | | | | |

OFFICE USE ONLY

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