

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Montgomery		SE $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	3	T 35 S	R 16 (EW)
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 15.0 ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1 14.50 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL Dry 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) <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 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____					
<input checked="" type="radio"/> 2 PVC 4 ABS 7 Fiberglass _____ Threaded _____ <input checked="" type="checkbox"/>					
6 Asbestos-Cement 9 Other (specify below) Welded _____					
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:					
1 Steel 3 Stainless steel 5 Fiberglass <input checked="" type="radio"/> 7 PVC 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____					
3 Mill slot 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____					
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 <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 <input checked="" type="radio"/> 10 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon <input checked="" type="radio"/> 11 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? North How many feet? 180					
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	0.5		Topsoil		
0.5	7.5		Red brown very silty clay, laminated, iron oxide stained, firm, moist		
7.5	15.0		Red brown very silty clay, friable-slightly hard, moist-dry		
15.0			Limestone		
Exception to K.A.R. 28-30-6(b) (1) and (e) approved by D. Taylor, KDHE-BOW.					
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) _____					
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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