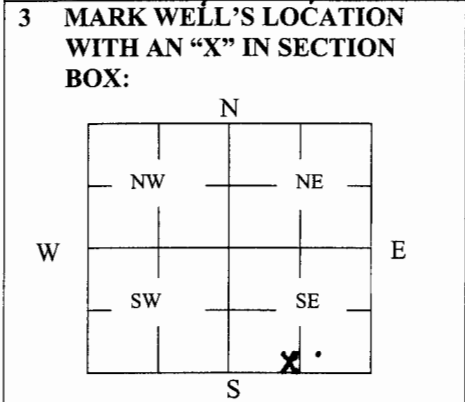


1 LOCATION OF WATER WELL: Fraction SU 1/4 SE 1/4 SE 1/4 Section Number 01 Township Number 35 Range Number 16 EW

Distance and direction from nearest town or city street address of well if located within city?  
Approximately 1 mile east of Coffeyville on EAST 8th Street (CR 1800) thence 1 mile south on CR 5300; thence west 1 1/2 miles on CR 1600 (northside)

2 WATER WELL OWNER: Montgomery County  
 RR#, St. Address, Box #: 4985 CR 1600  
 City, State ZIP Code: COFFEYVILLE, KANSAS 67337

Global Positioning Systems (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_



4 DEPTH OF WELL 21 ft.  
 WELL'S STATIC WATER LEVEL 11 ft.

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No \_\_\_\_\_

5 TYPE OF CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input checked="" type="checkbox"/> 9 Other (Specify below) <u>HAND DUG</u>
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter 3' in. Was casing pulled? Yes N/A No \_\_\_\_\_ If yes, how much \_\_\_\_\_  
 Casing height above or below land surface \_\_\_\_\_ in.

6 GROUT PLUG MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other \_\_\_\_\_

Grout Plug Intervals: From 11 ft. to 5 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

<input checked="" type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 11 Fuel Storage	<input type="checkbox"/> 16 Other (specify below) <u>E</u>
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	Direction from well? <u>EAST</u>
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	How many feet? <u>75'</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>21</u>	<u>11</u>	<u>CHLORINATED GRAVEL</u>			
<u>11</u>	<u>5</u>	<u>NEAT CEMENT</u>			
<u>5</u>	<u>0</u>	<u>Soil &amp; Clay</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-21-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. \_\_\_\_\_ This Water Well Record was completed on (mo/day/year) 7-21-10 under the business name of Montgomery County by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.