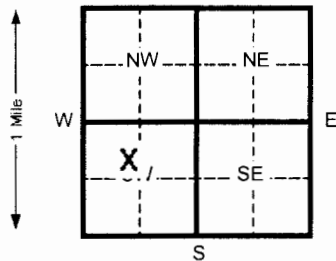


1 LOCATION OF WATER WELL: County: **Montgomery** Fraction: **SE 1/4 NW 1/4 SW 1/4** Section Number: **1** Township Number: **T 35 S** Range Number: **R 16 E**

Distance and direction from nearest town or city street address of well if located within city? **1502 So. Walnut Coffeyville, KS**

2 WATER WELL OWNER: **K&S Oil Co., Inc. c/o Mark Hurlbutt**
RR#, St. Address, Box # : **PO Box 448** Board of Agriculture, Division of Water Resources
City, State, ZIP Code : **Coffeyville, KS 67337** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **5** ft. ELEVATION: **738.70**
Depth(s) Groundwater Encountered 1.5 ft. 2 ft. 3 ft.
WELL'S STATIC WATER LEVEL: **3.5** ft. below land surface measured on **08/18/15**
Pump test data: Well water was _____ Ft. after _____ hours pumping _____ Gpm
Est. Yield _____ Gpm: Well water was _____ Ft. after _____ Hours pumping _____ Gpm
Bore Hole Diameter: **6.5** In. to **5** 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) 10 **Monitoring well** **MW-5**
Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was Submitted _____
Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
7 Fiberglass _____ **Threaded** **X**

Blank casing diameter: **2** in. to **2.5** Ft., Dia _____ In. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface: **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL:
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement
2 Brass 4 Galvanized steel 6 Concrete tile 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
7 Torch cut 10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **2.5** ft. to **5** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
SAND PACK INTERVALS: From **2** ft. to **5** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 **Bentonite** 4 Other _____
Grout Intervals From 2 **0.5** ft. to **0.85** Ft. From 3 **0.85** Ft. to **2** ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 **Other (specify below)** **Contaminated Site**

Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5		Concrete (6-8")			
0.5	2		Silty Clay			
2	5		Hard Rock Limestone			
5	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was Completed on (mo/day/yr) **08/04/15** And this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **09/03/15** under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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