

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>Montgomery</b>		NE ¼ NE ¼ SE ¼		<b>25</b>		T <b>34S</b> S		R <b>16</b> E	
Distance and direction from nearest town or city street address of well if located within city? <b>400 N. Linden St. - Coffeyville, KS 67337-1900</b>									
2 WATER WELL OWNER: <b>Coffeyville Resources Refining and Marketing LLC</b>									
RR#, St. Address, Box # : <b>10 Cambridge Circle, Ste. 250</b>					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : <b>Kansas City, KS 66103</b>					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <b>20</b> ft. ELEVATION: <b>715.32 TOC</b>						
			Depth(s) Groundwater Encountered 1 <b>19</b> ft. 2 _____ ft. 3 _____ ft.						
			WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr						
			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 <b>8</b> in. to <b>30</b> 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) <b>10 Monitoring well</b>						
			Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted						
			Water Well Disinfected? Yes _____ No <b>X</b>						
5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought Iron		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____	
<b>2 PVC</b>		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass				<b>Threaded Flush</b>	
Blank casing diameter <b>2</b> in. to <b>10</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <b>36</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>SCH. 40</b>									
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		<b>3 Mill slot</b>		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 <b>10</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <b>8</b> ft. to <b>21</b> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
1 Neat cement		<b>2 Cement grout</b>		<b>3 Bentonite</b>		4 Other _____			
Grout Intervals From <b>2</b> ft. to <b>6</b> ft. From <b>6</b> ft. to <b>8</b> ft. From <b>21</b> ft. to <b>30</b> 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)	
Direction from well? _____ How many feet? _____									
FROM	TO	CODE	LITHOLOGIC LOG			FROM	TO	PLUGGING INTERVALS	
0	2.5		Organic Soil						
2.5	5		Silty Clay						
5	13.5		Silty Clay with Sand						
13.5	19		Silty Sand with Clay						
19	22.5		Silt						
22.5	26.5		Silty Sand with Clay						
26.5	29.5		Poorly Graded Gravel						
29.5	30		Weathered Shale						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>5/9/06</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>8/8/06</b> under the business name of <b>Geotechnical Services Inc.</b> 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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