

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: Montgomery		SE ¼	NW ¼	SE ¼	25	T 34S	S	R 16
Distance and direction from nearest town or city street address of well if located within city? 400 N. Linden St. - Coffeyville, KS 67337-1900								
2 WATER WELL OWNER: Coffeyville Resources Refining and Marketing LLC								
RR#, St. Address, Box # : 10 Cambridge Circle, Ste. 250					Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Kansas City, KS 66103					Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 35 ft. ELEVATION: 730.05 TOC						
		Depth(s) Groundwater Encountered 1 34 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 8 in. to 35 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						
		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 Flush								
Blank casing diameter 2 in. to 25 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.								
Casing height above land surface 36 in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____								
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 25 ft. to 35 ft. From _____ ft. to _____ ft.								
From _____ ft. to _____ ft. From _____ ft. to _____ ft.								
GRAVEL PACK INTERVALS: From 23 ft. to 35 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 ft. to 21 ft. From 21 ft. to 23 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) _____								
13 Insecticide storage _____								
Direction from well? _____ How many feet? _____								
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
0	2.5		No Recovery					
2.5	5		Organic Soil with Gravel					
5	7.5		No Recovery					
7.5	15		Silty Clay					
15	22.5		Silty Clay with Sand					
22.5	30		Sandy Fat Clay					
30	32.5		No Recovery					
32.5	34		Poorly Graded Sand w/ Clay					
34	35		Poorly Graded Gravel w/ Sand					
35			Weathered Shale					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 5/1/06 and this record is true to the best of my knowledge and belief. Kansas								
Water Well Contractor's License No. 531					This Water Well Record was completed on (mo/day/yr) 8/8/06			
under the business name of Geotechnical 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.								