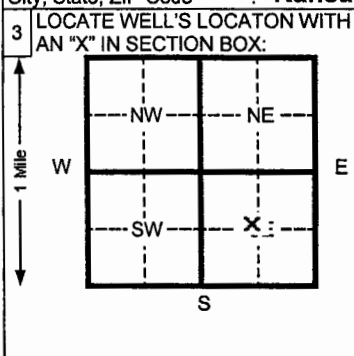


1 LOCATION OF WATER WELL: County: <b>Montgomery</b>	Fraction <b>SE ¼ NW ¼ SE ¼</b>	Section Number <b>25</b>	Township Number T <b>34S</b> S	Range Number R <b>16</b> <b>E</b>
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Distance and direction from nearest town or city street address of well if 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:



4 DEPTH OF COMPLETED WELL **25** ft. ELEVATION: **721.69 TOC**  
 Depth(s) Groundwater Encountered 1 **23** 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 **25** 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 **20** 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 7 Torch cut 9 Drilled holes  
 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From **20** ft. to **25** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **18** ft. to **25** 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 **16** ft. From **16** ft. to **18** 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	1		Organic Soil			
1	6.5		Lean Clay with Gravel			
6.5	6.75		Tar			
6.75	7		Poorly Graded Gravel			
7	16		Clayey Gravel			
16	23		Fat Clay with Gravel			
23	24		Fat Clay with Sand			
24	24.5		Silty Sand			
24.5	24.75		Clayey Gravel with Sand			
24.75	25		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) **7/28/06** 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.