

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Montgomery</b>	<b>NW ¼ SE ¼ NE ¼</b>	<b>36</b>	T <b>34</b> S	R <b>16</b> <b>E</b>

Distance and direction from nearest town or city street address of well if located within city?

**400 N. Linden, Coffeyville**

2 WATER WELL OWNER: **Coffeyville Resources Refining and Marketing, LLC**

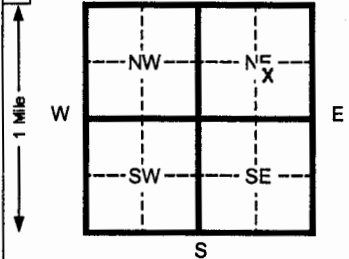
RR#, St. Address, Box # : **400 N. Linden St.**

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 **19.3** ft. ELEVATION: **724.33 (TOC)**

Depth(s) Groundwater Encountered 1 **12** ft. 2 \_\_\_\_\_ ft. 3 \_\_\_\_\_ ft.

WELL'S STATIC WATER LEVEL **8.06** ft. below land surface measured on mo/day/yr **08/23/07**

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 **8.25** in. to **19.3** 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:

5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued \_\_\_\_\_ Clamped \_\_\_\_\_

1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded \_\_\_\_\_

**2 PVC** 4 ABS 7 Fiberglass \_\_\_\_\_ **Threaded Flush**

Blank casing diameter **2** in. to **9.3** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **35** 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 **7 PVC** 10 Asbestos-cement

2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) \_\_\_\_\_

SCREEN OR PERFORATION OPENINGS ARE:

5 Gauzed wrapped 8 Saw cut 11 None (open hole)

1 Continuous slot **3 Mill slot** 6 Wire wrapped 9 Drilled holes

2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From **9.3** ft. to **19.3** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **7.5** ft. to **19.3** 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 **Concrete**

Grout Intervals From **7.5** ft. to **2.5** ft. From **2.5** ft. to **0** 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)

Direction from well?

How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>18</b>	<b>CL</b>	<b>Clay, dark brown to light brown to gray, silty</b>			
<b>18</b>	<b>19</b>	<b>ML</b>	<b>Sandy Silt, light brown</b>			
<b>19</b>	<b>19.3</b>	<b>SW</b>	<b>Sand, with gravel, fine to medium grains, light brown</b>			

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) **09/12/07** 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) **09/26/07**

under the business name of **Geotechnical Services Inc.** by (signature) *Sarah C. Wate*

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.