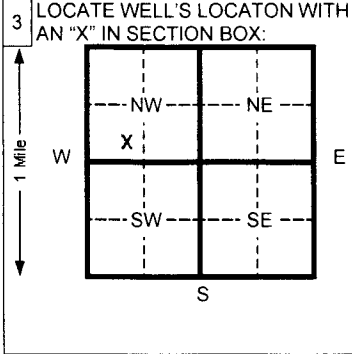


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>	<b>SE</b> ¼ <b>SW</b> ¼ <b>NW</b> ¼	<b>26</b>	T <b>3</b> S	R <b>18</b> <b>W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**Kyle Railroad Property, East Side of 3<sup>rd</sup> St. South of Maple St. - Phillipsburg**

2 WATER WELL OWNER: **Coffeyville Resources Terminal**  
 RR#, St. Address, Box # : **1589 N. Highway 183** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : **Phillipsburg, KS 67661** Application Number:



4 DEPTH OF COMPLETED WELL **50** ft. ELEVATION:

Depth(s) Groundwater Encountered 1 **42.5** 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 **8.25** in. to **50** 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 _____
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<b>Threaded Flush</b>

Blank casing diameter **2** in. to **35** ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft. Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **Flushmount** 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)

**7 PVC** **10 Asbestos-cement**

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 **35** ft. to **50** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **32** ft. to **50** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other **Bentonite/Cement Grout**

Grout Intervals From **32** ft. to **30** ft. From **30** 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)
			13 Insecticide storage	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	10	CL	Clay, dark brown to light brown, silty			
10	30	ML	Silt, light brown to gray brown, clayey			
30	37.5	ML	Silt with Sand, some fine to coarse grained sand			
37.5	50	SP	Sand, fine grained, some iron staining, some clayey silt			

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) **04/18/08** 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) **05/09/08** under the business name of **Geotechnical Services Inc.** by (signature) *[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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