

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

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

Approx. 30' E of Spruce St. and Cable Rd. - Phillipsburg

2 WATER WELL OWNER: **Coffeyville Resources Terminal, LLC**

RR#, St. Address, Box #: **1589 N. Highway 183** Board of Agriculture, Division of Water Resources

City, State, ZIP Code: **Phillipsburg, KS 67661** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL **5.5, 23, 38*** ft. ELEVATION: **1949.57 (FM)**

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 **6** in. to **45** 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 **Vapor Monitoring**

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	Nylon Tubing	Threaded _____ Flush _____

Blank casing diameter **0.25** in. to **4.5** ft., Dia **0.25** in. to **22** ft., Dia **0.25** in. to **37** ft.

Casing height above land surface **Flush** in., weight **0.25 in. O.D.** lbs./ft. Wall thickness or gauge No. _____

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 **4.5** ft. to **5.5** ft. From **22** ft. to **23** ft.

(Screen diameter = 1 in.) From **37** ft. to **38** ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **3.5** ft. to **6.5** ft. From **21** ft. to **24** ft.

From **36** ft. to **39** ft. From _____ ft. to _____ ft.

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

Grout Intervals From **45** ft. to **39** ft. From **36** ft. to **24** ft. From **21** ft. to **6.5** ft. From **3.5** ft. to **1** 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
0	0.3		Topsoil		
0.3	34.7	ML	Silt, dark yellow-brown to yellow-brown, calcification and roots visible from 25' to 30'		
34.7	34.8	SP	Sand, pale brown, fine grained		
34.8	37.5	ML	Silt, yellow-brown		
37.5	40	CL	Sandy Clay, brown		
40	44	ML	Sandy Silt, gray-brown, with clay		
44	45	SP	Sand, gray to dark gray, fine to medium grained		

*Note: Three vapor monitoring points with well screen are set in one borehole.

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) **11/08/08** 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) **12/11/08** 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.