

WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No.

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