

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?
Near intersection of Walnut 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, 31, 42*** ft. ELEVATION: **1951.89 (FM)**
 Depth(s) Groundwater Encountered 1 **48.5** 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 **49** 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 **30** ft., Dia **0.25** in. to **41** 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: **7 PVC** 10 Asbestos-cement
 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: 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 **4.5** ft. to **5.5** ft. From **30** ft. to **31** ft.
 (Screen diameter = 1 in.) From **41** ft. to **42** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **3.5** ft. to **6.5** ft. From **29** ft. to **32** ft.
 From **40** ft. to **43** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____
 Grout Intervals From **49** ft. to **43** ft. From **40** ft. to **32** ft. From **29** 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	LITHOLOGIC LOG
0	0.2		Topsoil			
0.2	3	CL	Clay, dark brown, some silt	45	47	Sand with Silt, pale brown, fine grained, little clay
3	39.5	ML	Silt, yellow-brown to dark brown, little clay	47	49	Sand, light yellow-brown to gray, fine to medium grained, fat clay layer at 48.7'
39.5	40	SP-SM	Sand with Silt, yellow-brown			
40	41.5	CH	Clay with Sand, dark yellow-brown, little silt			*Note: Three vapor monitoring points with well screen are set in one borehole.
41.5	42.5	ML	Silt, yellow-brown			
42.5	43.5	MH	Silt, dark yellow-brown, some clay			
43.5	44.8	SP-SM	Sand with Silt, yellow-brown			
44.8	45	SP	Sand, pale brown, 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) **11/06/08** 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.