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|---------------------------|-------------------------------------|----------------|-----------------|----------------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Phillips | SW 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 Maple 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, 27, 47*** ft. ELEVATION: **1955.57 (FM)**
 Depth(s) Groundwater Encountered 1 **52.5** 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 **57** 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 **26** ft., Dia **0.25** in. to **46** 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 **26** ft. to **27** ft.
 (Screen diameter = 1 in.) From **46** ft. to **47** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **3.5** ft. to **6.5** ft. From **25** ft. to **28** ft.
 From **45** ft. to **48** ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other
 Grout Intervals From **57** ft. to **48** ft. From **45** ft. to **28** ft. From **25** 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 | 0.4 | | Asphalt | | |
| 0.4 | 47.5 | ML | Silt, yellow-brown to pale brown, little clay and little sand below 35.5' | | |
| 47.5 | 51.5 | ML | Sandy Silt, dark yellow-brown to brown, some clay | | |
| 51.5 | 52.5 | CH | Clay, brown | | |
| 52.5 | 53.5 | SM | Silty Sand, yellow-brown | | |
| 53.5 | 57 | SP | Sand, yellow-brown, fine to medium grained | | |
| | | | | | |
| | | | | | |
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*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.