

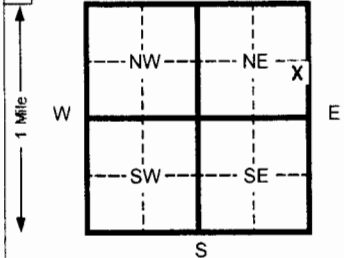
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Phillips	NE ¼ SE ¼ NE ¼	27	T 3 S	R 18 W

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

Near intersection of Spruce St. and Prospect Ave. - 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, 21, 38*** ft. ELEVATION: **1946.90 (FM)**
 Depth(s) Groundwater Encountered 1 **43** 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** ft. Dia **0.25** in. to **20** 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** ft. to _____ ft. From **20** ft. to **21** ft.
 (Screen diameter = 1 in.) From **37** ft. to **38** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **3** ft. to **6** ft. From **19** ft. to **22** 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 **22** ft. From **19** ft. to **6** ft. From **3** 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	5		No Recovery		
5	25	ML	Silt, brown to dark yellow-brown, trace clay, trace roots, trace sand		
25	38	ML	Silt with Sand, light yellow-brown		
38	39	SP-SM	Sand with Silt, gray, fine grained, some clay		
39	40	CH	Clay with Sand, gray, some silt		
40	43.5	SP-SC	Sand with Clay, gray to green-gray, fine to medium grained, gravel		
43.5	45	CH	Clay, pale yellow		

*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) **11/04/08** 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.

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