

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

Distance and direction from nearest town or city street address of well if located within city?  
**Approx. 150' W of Walnut 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:

1 Mile

4 DEPTH OF COMPLETED WELL **5.5, 25, 37\*** ft. ELEVATION: **1940.70 (FM)**

Depth(s) Groundwater Encountered 1 **42** 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 **42.5** 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 <b>Other</b> (specify below)	Welded _____
		7 Fiberglass	<b>Nylon Tubing</b>	<b>Threaded Flush</b>

Blank casing diameter **0.25** in. to **4.5** ft., Dia **0.25** in. to **24** ft., Dia **0.25** in. to **36** 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	<b>3 Mill slot</b>	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 **24** ft. to **25** ft.

(Screen diameter = 1 in.) From **36** ft. to **37** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **3.5** ft. to **6.5** ft. From **23** ft. to **26** ft.

From **35** ft. to **38** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	4 Other
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Grout Intervals From **42.5** ft. to **38** ft. From **35** ft. to **26** ft. From **23** 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	2.8	CH	Clay, dark brown	41	42.5	Silt, dark yellow-brown, with clay
2.8	24	ML	Silt, light yellow-brown to dark brown, little clay, trace roots from 13' to 15'			
24	27	SP	Sand, pale brown, fine grained			<b>*Note:</b> Three vapor monitoring points with well screen are set in one borehole.
27	30	ML	Silt, light yellow-brown			
30	32.5	SP	Sand, pale brown, fine grained			
32.5	38.5	ML	Silt, yellow-brown, little fine sand, some clay after 37.5'			
38.5	39.5	SP	Sand, pale brown, fine to medium grained			
39.5	40	MH	Silt, yellow-brown, with clay			
40	41	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.

OFFICE USE ONLY

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