

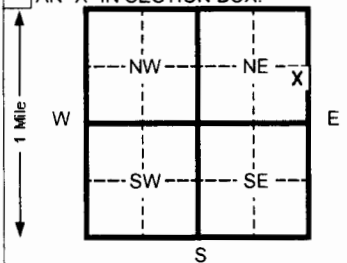
1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>		<b>NE ¼ SE ¼ NE ¼</b>	<b>27</b>	<b>T 3 S</b>	<b>R 18 W</b>

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

**Approx. 140' E of Walnut St. and Prospect Ave. - Phillipsburg**

2 WATER WELL OWNER: **Coffeyville Resources Terminal, LLC**  
 RR#, St. Address, Box #: **1589 N. Highway 183**  
 City, State, ZIP Code: **Phillipsburg, KS 67661**  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **5.5, 34, 45\*** ft. ELEVATION: **1952.44 (FM)**  
 Depth(s) Groundwater Encountered 1 **49.8** 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 **50** 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**  
 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 **33** ft., Dia **0.25** in. to **44** 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 **33** ft. to **34** ft.  
 (Screen diameter = 1 in.) From **44** ft. to **45** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **3.5** ft. to **6.5** ft. From **32** ft. to **35** ft.  
 From **43** ft. to **46** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other \_\_\_\_\_  
 Grout Intervals From **50** ft. to **46** ft. From **43** ft. to **35** ft. From **32** 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	5	CL	<b>Clay, dark brown, with silt</b>		
5	33	ML	<b>Silt, yellow-brown to dark brown, little clay to 18', zones of little sand below 18'</b>		
33	35	SP-SM	<b>Sand with Silt, light yellow-brown, fine-grained</b>		
35	36	ML	<b>Silt, yellow-brown</b>		
36	37.5	SP-SM	<b>Sand with Silt, light yellow-brown</b>		
37.5	45	SP	<b>Sand, pale brown, fine to medium grained, little silt</b>		
45	47.5	SP-SC	<b>Sand with Clay, yellow-brown, fine grained</b>		
47.5	50	CH	<b>Clay, dark yellow-brown to gray, with sand</b>		

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.