

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>		<b>SE 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? <b>Approx. 160' N of Maple St. and Prospect Ave. - Phillipsburg</b>					
2 WATER WELL OWNER: <b>Coffeyville Resources Terminal, LLC</b>					
RR#, St. Address, Box # : <b>1589 N. Highway 183</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Phillipsburg, KS 67661</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>5.5, 30, 46*</b> ft. ELEVATION: <b>1949.73 (FM)</b>			
		Depth(s) Groundwater Encountered 1 <b>51</b> 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 <b>6</b> in. to <b>52.5</b> 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 <b>Other</b> (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well <b>Vapor Monitoring</b>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes _____ No <b>X</b>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought Iron	
2 PVC		4 ABS		6 Asbestos-Cement	
		7 Fiberglass		8 Concrete tile	
				9 <b>Other</b> (specify below) <b>Nylon Tubing</b>	
				CASING JOINTS: Glued _____ Clamped _____	
				Welded _____	
				<b>Threaded Flush</b>	
Blank casing diameter <b>0.25</b> in. to <b>4.5</b> ft., Dia <b>0.25</b> in. to <b>29</b> ft., Dia <b>0.25</b> in. to <b>45</b> ft.					
Casing height above land surface <b>Flush</b> in., weight <b>0.25 in. O.D.</b> lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 <b>Mill slot</b>		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <b>4.5</b> ft. to <b>5.5</b> ft. From <b>29</b> ft. to <b>30</b> ft.					
(Screen diameter = 1 in.) From <b>45</b> ft. to <b>46</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>3.5</b> ft. to <b>6.5</b> ft. From <b>28</b> ft. to <b>31</b> ft.					
From <b>44</b> ft. to <b>47</b> ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 <b>Bentonite</b> 4 Other					
Grout Intervals From <b>52.5</b> ft. to <b>47</b> ft. From <b>44</b> ft. to <b>31</b> ft. From <b>28</b> ft. to <b>6.5</b> ft. From <b>3.5</b> ft. to <b>1</b> ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/ Gas well	
				16 Other (specify below)	
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2.5	CH	Clay, dark brown		
2.5	28.5	ML	Silt, pale brown to yellow-brown	47.5	52.5
28.5	32.5	ML	Silt with Sand, yellow-brown, fine grained		
32.5	36	SP-SM	Sand with Silt, yellow-brown, fine grained		
36	41	SP	Sand, light yellow-brown to pale brown, fine to medium grained, trace gravel, clay lens at 38.7'		
41	46	ML	Silt, yellow-brown to gray, some clay, coarse grained sand lens at 45.5'		
46	47.5	SW	Sand, light yellow-brown, fine to coarse grained		
*Note: Three vapor monitoring points with well screen are set in one borehole.					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>11/08/08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>12/11/08</b> under the business name of <b>Geotechnical Services Inc.</b> 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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