

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Phillips		SE 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? Approx. 160' N of Maple 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 5.5, 30, 46* ft. ELEVATION: 1949.73 (FM)			
		Depth(s) Groundwater Encountered 1 51 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 52.5 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	
2 PVC		4 ABS		6 Asbestos-Cement	
		7 Fiberglass		8 Concrete tile	
				9 Other (specify below) Nylon Tubing	
Blank casing diameter 0.25 in. to 4.5 ft., Dia 0.25 in. to 29 ft., Dia 0.25 in. to 45 ft.		CASING JOINTS: Glued _____ Clamped _____			
Casing height above land surface Flush in., weight 0.25 in. O.D. lbs./ft. Wall thickness or gauge No. _____		Welded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement			
1 Steel		3 Stainless steel		8 RMP (SR)	
2 Brass		4 Galvanized steel		9 ABS	
3 Fiberglass		5 Fiberglass		11 Other (specify) _____	
6 Concrete tile		6 Concrete tile		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 29 ft. to 30 ft.	
(Screen diameter = 1 in.)		From 45 ft. to 46 ft.		From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS:		From 3.5 ft. to 6.5 ft.		From 28 ft. to 31 ft.	
		From 44 ft. to 47 ft.		From _____ ft. to _____ ft.	
6 GROUT MATERIAL:					
1 Neat cement		2 Cement grout		3 Bentonite	
4 Other					
Grout Intervals From 52.5 ft. to 47 ft. From 44 ft. to 31 ft. From 28 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	
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		
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.					

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