

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?

291' W of Prospect Ave., S of Walnut St. - Phillipsburg

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

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 50 ft. ELEVATION:
	Depth(s) Groundwater Encountered 1 _____ 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 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
	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:	5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR)	6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS	7 Fiberglass Threaded Flush
Blank casing diameter 2 in. to 35 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	
Casing height above land surface Flush in., weight 0.703 lbs./ft. Wall thickness or gauge No. SCH. 40	
TYPE OF SCREEN OR PERFORATION MATERIAL:	7 PVC 10 Asbestos-cement
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:	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 35 ft. to 50 ft. From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From 30 ft. to 52 ft. From _____ ft. to _____ ft.	

6 GROUT MATERIAL:	1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grout Intervals From 0.5 ft. to 30 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well	2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage	
Direction from well? _____	How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	20.0		No sample	35.8	37.8	Silty Sand (SM), yellow brown
20.0	23.8	ML	Silt, light yellow brown, few to little fine sand	37.8	38.0	Sand (SP), poorly graded, light yellow brown, few silt and clay
23.8	27.0	SP	Sand, poorly graded, light yellow brown, few silt	38.0	40.0	Fat Clay (CH), brown, few silt and fine sand
27.0	28.0	ML	Silt, light yellow brown, few clay and fine sand	40.0	40.5	Sand (SP), poorly graded
28.0	30.0	SW	Sand, well graded, light yellow brown, fine to medium graded, few gravel and coarse sand	40.5	43.0	Sand, with silt and gravel
30.0	33.5	SP	Sand, poorly graded, very pale brown	43.0	48.0	No log
33.5	35.8	ML	Silt, yellow brown, trace to few clay and fine sand	48.0	52.0	Fat Clay (CH), gray to light olive gray

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) 06/06/09 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) 07/13/09 under the business name of Geotechnical Services Inc. by (signature) _____
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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.