

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>	<b>SW</b> ¼ <b>SW</b> ¼ <b>NW</b> ¼	<b>26</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?  
**15' W, 15' N of First St. and Maple St. - 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, 24, 42\*** ft. ELEVATION: \_\_\_\_\_  
 Depth(s) Groundwater Encountered 1 **47** 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 **8.25** 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)  
 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)	6 Asbestos-Cement	9 <b>Other</b> (specify below)	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	7 Fiberglass	<b>Nylon Tubing</b>	<b>Welded</b>
Blank casing diameter <b>0.25</b> in. to <b>5.5</b> ft., Dia	<b>0.25</b> in. to <b>24</b> ft., Dia	<b>0.25</b> in. to <b>42</b> ft.	<b>Threaded</b>	<b>Flush</b>

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)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)	
1 Continuous slot	<b>3 Mill slot</b>	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 **23** ft. to **24** ft.  
 (Screen diameter = 1 in.) From **41** ft. to **42** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **3.5** ft. to **6.5** ft. From **22** ft. to **25** ft.  
 From **40** ft. to **43** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other \_\_\_\_\_  
 Grout Intervals From **1** ft. to **3.5** ft. From **6.5** ft. to **22** ft. From **25** ft. to **40** ft. From **43** ft. to **50** ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 14 Abandoned water well  
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/ Gas well  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below)

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	31.0	ML	Silt, very dark gray brown to pale brown to yellow brown, trace to little clay to 17', calcification between 5-10' and below 17'			*Note: Three vapor monitoring points with well screen are set in one borehole.
31.0	31.5	CH	Fat Clay, very pale brown, trace silt			
31.5	46.0	ML	Silt, yellow brown to very pale brown, trace to little clay, trace fine sand and calcification below 37'			
46.0	50.0	SM	Silty Sand, pale brown, fine grained, little clay			

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) **06/04/09** 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) \_\_\_\_\_

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.