

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>		<b>SW</b> ¼ <b>NW</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? <b>21' W of Second St., South of Maple St. - 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, 27, 45*</b> 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 <b>8.25</b> in. to <b>55</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) _____	
				CASING JOINTS: Glued _____ Clamped _____	
				Welded _____	
Blank casing diameter <b>0.25</b> in. to <b>5.5</b> ft. Dia <b>0.25</b> in. to <b>27</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>26</b> ft. to <b>27</b> ft.					
(Screen diameter = 1 in.) From <b>44</b> ft. to <b>45</b> ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>3.5</b> ft. to <b>6.5</b> ft. From <b>25</b> ft. to <b>28</b> ft.					
From <b>43</b> ft. to <b>46</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>1</b> ft. to <b>3.5</b> ft. From <b>6.5</b> ft. to <b>25</b> ft. From <b>28</b> ft. to <b>43</b> ft. From <b>46</b> ft. to <b>55</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
0.0	32.0	ML	Silt, dark brown to gray brown to light yellow brown, little to few clay to 20', calcification from 24.5-25' and 27-30'	51.0	55.0
32.0	33.0	SP	Sand, poorly graded, very pale brown, fine to medium grained, few silt, calcification		
33.0	35.0	SP-SM	Sand with Silt, poorly graded, light yellow brown, fine grained, calcification		
35.0	45.0	SP	Sand, poorly graded, very pale brown, fine to medium grained, calcification		
45.0	45.5	SW	Sand, well graded, very pale brown, little gravel		
45.5	51.0	CL	Lean Clay, very pale brown		
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>06/05/09</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>07/13/09</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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