

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Phillips	NW ¼ SW ¼ NW ¼	26	T 3 S	R 18 W

Distance and direction from nearest town or city street address of well if located within city?

SE Corner of Spruce St. and Cable Rd. - Phillipsburg

2 WATER WELL OWNER: **Coffeyville Resources Terminal, LLC**

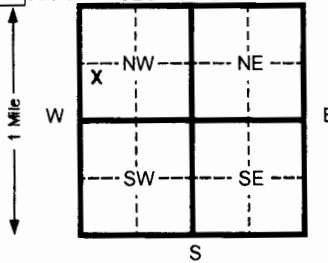
RR#, St. Address, Box # : **1589 N. Highway 183**

City, State, ZIP Code : **Phillipsburg, KS 67661**

Board of Agriculture, Division of Water Resources

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

51 ft. ELEVATION:

Depth(s) Groundwater Encountered 1 **49** 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 **12** in. to **51** ft. and **8** in. to **52.5** 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 **Recovery 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:

- 1 Steel
- 2 **PVC**
- 3 RMP (SR)
- 4 ABS

- 5 Wrought Iron
- 6 Asbestos-Cement
- 7 Fiberglass
- 8 Concrete tile
- 9 Other (specify below)

CASING JOINTS: Glued _____ Clamped _____

- Welded _____
- Threaded**
- Flush**

Blank casing diameter **6** in. to **36** 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:

- 1 Steel
- 2 Brass
- 3 Stainless steel
- 4 Galvanized steel
- 5 Fiberglass
- 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
- 2 Louvered shutter
- 3 **Mill slot**
- 4 Key punched
- 5 Gauzed wrapped
- 6 Wire wrapped
- 7 Torch cut
- 8 Saw cut
- 9 Drilled holes
- 10 Other (specify)
- 11 None (open hole)

SCREEN-PERFORATED INTERVALS: From **36** ft. to **51** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **35** ft. to **52.5** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 Other _____

Grout Intervals From **5** ft. to **35** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

- 1 Septic tank
- 2 Sewer lines
- 3 Watertight sewer lines
- 4 Lateral lines
- 5 Cess pool
- 6 Seepage pit
- 7 Pit privy
- 8 Sewage lagoon
- 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	LITHOLOGIC LOG
0.0	30.0		No sample	50.0	50.5	Fat Clay, light gray, little silt and fine sand
30.0	35.0	MH	Silt, pale brown to light yellow brown, little clay, trace sand	50.5	51.5	Sand (SW), well graded, fine to coarse grained, little gravel, gray
35.0	40.0	ML	Sandy Silt, fine grained, pale brown, trace clay	51.5	52.5	Fat Clay (CH), very pale brown
40.0	43.0	ML	Silt, gray brown, little fine sand and clay			
43.0	45.0	SP	Sand, poorly graded, fine grained, dark gray			
45.0	49.0	ML	Silt, pale brown, little fine sand			
49.0	50.0	SP	Sand, poorly graded, fine to medium grained, dark gray, trace gravel			

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) **07/29/09** 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) **08/24/09**

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.