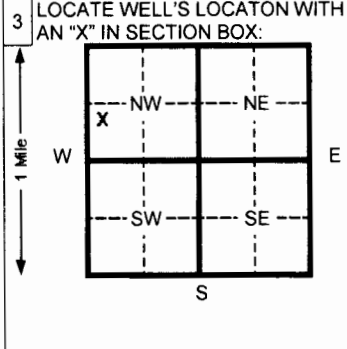


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Phillips	NW ¼ SW ¼ NW ¼	26	T 3 S	R 18 W

Distance and direction from nearest town or city street address of well if located within city?
2' E, 105' S of Cable Rd. and Walnut St. - 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:



4 DEPTH OF COMPLETED WELL **55** ft. ELEVATION:
 Depth(s) Groundwater Encountered 1 **52** 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 **55** ft. and **8** in. to **60** 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) **Recovery Well**
 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:
 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 2 **PVC** 4 ABS 6 Asbestos-Cement 9 Other (specify below) _____ Welded _____
 7 Fiberglass _____ Threaded _____ Flush _____
 Blank casing diameter **6** in. to **40** 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 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:
 1 Continuous slot 3 **Mill slot** 5 Gauzed wrapped 8 Saw cut 11 None (open hole) _____
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **40** ft. to **55** ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **37.5** ft. to **60** 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 **37.5** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____
 13 Insecticide storage
 Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0.0	35.0		No sample			
35.0	40.0	ML	Silt, yellow brown, little clay, fine sand	49.5	52.0	Sand (SW), well graded, fine to coarse grained, gray, trace gravel
40.0	43.5	ML	Sandy Silt, dark yellow brown, fine grained	52.0	54.5	Sand (SP), poorly graded, fine to coarse grained, gray, trace gravel
43.5	44.0	SP	Sand, poorly graded, fine grained	54.5	55.0	Sandy Clay, light gray
44.0	46.0	ML	Silt, dark yellow brown, trace to little clay, little sand	55.0	60.0	Fat Clay (CH), light gray to light brown, little sand and silt, trace shale
46.0	48.0	SP	Sand, poorly graded, fine grained, pale brown, trace silt and clay			
48.0	49.5	CL	Lean Clay, dark yellow brown, little silt and sand, 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) **07/30/09** 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.

OFFICE USE ONLY

T

R

SEC