

| | | | | |
|---------------------------|-----------------------|----------------|-----------------|---------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: Phillips | NE ¼ NW ¼ SE ¼ | 22 | T 3 S | R 18 W |

Distance and direction from nearest town or city street address of well if located within city?
South of Pond 4, Coffeyville Refinery - 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 52 ft. ELEVATION: |
| | Depth(s) Groundwater Encountered 1 40 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 6.25 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 Observation 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 **2** in. to **37** ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface **36** 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) | 10 Asbestos-cement |
| 2 Brass | 4 Galvanized steel | 6 Concrete tile | 9 ABS | 11 Other (specify) _____ |
| | | | | 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 | 6 Wire wrapped | 9 Drilled holes | |
| | | 7 Torch cut | 10 Other (specify) _____ | |

SCREEN-PERFORATED INTERVALS: From **37** ft. to **52** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **35** ft. to **52** 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 **1** ft. to **35** 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 | PLUGGING INTERVALS |
|------|------|-------|--|------|------|--|
| 0.0 | 3.0 | OL/OH | Clayey Silt, dark brown | 45.5 | 50.0 | Silty Clay (CH), brown yellow |
| 3.0 | 25.0 | ML | Clayey Silt, brown to gray brown, trace gravel | 50.0 | 52.0 | Sand (SP), poorly graded, gray, fine to medium grained, trace gravel |
| 25.0 | 30.0 | ML | Silt, brown, little clay, trace sand | | | |
| 30.0 | 36.0 | MH | Silt, yellow brown, some clay, little sand | | | |
| 36.0 | 41.0 | CH | Sandy Clay, pale brown, little sand | | | |
| 41.0 | 45.0 | SP | Sand, poorly graded, very pale brown to light gray, fine grained, some silt and clay | | | |
| 45.0 | 45.5 | SW | Sand, well graded, very pale brown to light gray, fine to coarse grained, 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) **07/31/09** 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) **10/14/09** 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.