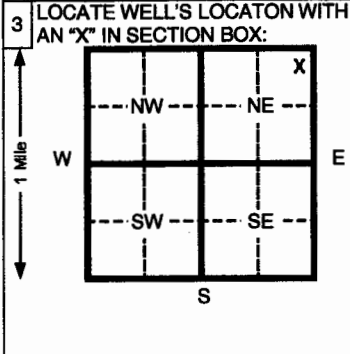


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Phillips	NE ¼ NE ¼ NE ¼	27	T 3 S	R 18 W

Distance and direction from nearest town or city street address of well if located within city?
400' S, 50' W of intersection of Quail Rd and US 183/Railroad Ave. - 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:



4 DEPTH OF COMPLETED WELL **47** ft. ELEVATION: **1948.81 (TOC)**
 Depth(s) Groundwater Encountered 1 **39** 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 **47** 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**
 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: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass **Threaded Flush**
 Blank casing diameter **2** in. to **32** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **33** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7 PVC** 10 Asbestos-cement
 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot **6 Wire wrapped** 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **32** ft. to **47** ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **30** ft. to **47** 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 **30** 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) **Petroleum terminal**
 Direction from well? **N** How many feet? **500**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	19		Silt, light gray to yellow brown to dark brown, with clay			
19	27		Clayey Sand, brown, fine grained, little silt			
27	35		Lean Clay, brown to light brown, with silt and little sand			
35	40		Silt, gray, with clay and sand			
40	45		No Recovery			
45	47		Sand, well graded, gray brown, fine to medium grained, little silt			
						Survey (10/01/12):
						Latitude: N 39.76953
						Longitude: W 99.32909

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) **08/07/12** 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) **10/18/12** under the business name of **GSI Engineering, LLC** by (signature) *[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