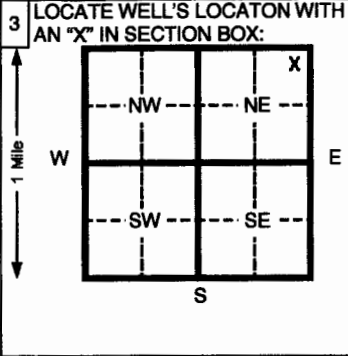


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Phillips</b>	<b>NE 1/4 NE 1/4 NE 1/4</b>	<b>27</b>	T <b>3</b> S	R <b>18</b> W

Distance and direction from nearest town or city street address of well if located within city?  
**550' 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 **50** ft. ELEVATION: **1949.70 (TOC)**  
 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 **8.25** in. to **50** 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:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		<b>Threaded Flush</b>

Blank casing diameter **2** in. to **35** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface **31** 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:  
 1 Continuous slot 3 Mill slot **6 Wire wrapped** 8 Saw cut 11 None (open hole)  
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) \_\_\_\_\_  
 SCREEN-PERFORATED INTERVALS: From **35** ft. to **50** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **33** ft. to **50** 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 **33** 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**  
 13 Insecticide storage  
 Direction from well? **N** How many feet? **800**

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<b>0</b>	<b>34</b>		<b>Silt, dark brown to brown, with clay, trace sand below 15'</b>			
<b>34</b>	<b>39</b>		<b>Silty Sand, gray to brown gray, with clay</b>			
<b>39</b>	<b>40</b>		<b>Sand, poorly graded, with silt, gray, fine to medium grained, trace gravel</b>			
<b>40</b>	<b>43</b>		<b>Silt, gray, with clay and sand</b>			
<b>43</b>	<b>50</b>		<b>Sand, poorly graded, gray, fine to medium grained, trace gravel</b>			
						<b>Survey (10/01/12):</b>
						<b>Latitude: N 39.76880</b>
						<b>Longitude: W 99.32903</b>

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) \_\_\_\_\_

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: 913-298-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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