WELL ID

KOLAR DOC ID\_

## **WATER WELL RECORD** (WWC-5)

Latitude	Longitude		Section	on	Township	Range	E W Fraction	1/4	1/4	1/4	
Datum	Elevation		Cour	ity			***				
VATER WELL OWNE	₹		WELL WATE	R USE			PERMIT & ID NUMBER	S (AS REQU	IRED)		
Name							DWR Application No.:				
Business			WELL INFO	RMATION							
ddress					ft.	KDHE / EPA Project Code:  Site Name:					
Well location  at owner's address			Dry well Static water level in well: ft.				KDHE UIC Class V Form Completed: Yes No				
			measur	ed below lan ı/dd/yy):			County Permit: Yes No Permit ID:  Lease Name & Well #:				
			measured above land surface on (mm/dd/yy):				# of boreholes: # of dewatering wells:				
ASING			GROUT & P	LUGGING N	MATERIALS						
Type of blank casing used:			Grout or Plugging interval (ft.)  From To		Material		Description				
Casing type details:					Iviateriai						
Blank casing diamete	**		110111	10							
Was casing removed?											
Top of casing is curre	ntlyfeet ground	Į.									
Reason required if to											
feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells.											
			COMMENTS								
CONTRACTOR'S OR	ANDOWNERS CER	TIFICATION									
				contractor	's license and was	s completed	on I	certify that	this		
							under the l				
	•	-			_		License No.				

Send one copy to WATER WELL OWNER and retain one for your records.

person at its submittal

WATER WELL REC	CORD	Form WWC-	-5	Division of Wat	er Resources; App. No.	<del></del>					
1 LOCATION OF WA	TER WELL:	Fraction	ı. )	Section Number	1						
County: Kiowa		NW 1/4 NW 1/4 N	16 1/4	<b>フ</b>	T 29 S	R 16 HW					
Distance and direction	i from nearest town or ci	ty street address of w	find KS	Global Positioning	g Systems (decimal deg	rees, min. of 4 digits)					
Distance and direction from nearest town or city street address of well if located within city? From US54 & SW (505 Ave. near Wellsbrok!)  So on SW 1505 Ave. to SW 1605 St. go W. 2 m/s. on SE Corner  WATER WELL OWNER: Magellan Midstream Partners, LP RR#, St. Address, Box # : One Williams Center / MD-27  Distance and direction from nearest town or city street address of well if SGlobal Positioning Systems (decimal degrees, min. of 4 digits)  Latitude: N 37.556462  Longitude: W -99.048840  Elevation: 2063  Datum:											
2 WATER WELL OV	VNER: Magellan Miò	Istream Partners	LP	Elevation:	2063						
RR#, St. Address, Bo	x#: One Williams	Center/MD-2	7	Datum:							
City, State, ZIP Code	יין דרוווו	74142		Data Collection	Method: Google Ear	~h					
3 LOCATE WELL'S	4 DEPTH OF COMI	PLETED WELL	7	<i>.</i> fi							
LOCATION	D-11/2) Cu-11/4-1	Enganistan (1)	63	e (2)	θ (2)	Ω					
WITH AN "X" IN SECTION BOX:											
N SECTION BOX.											
XTTT	Est. Yieldgpm										
NW NE	WELL WATER TO B										
W E				ppiy 9 De & garden) 10 Mc	watering 12 Ot	ner (Specify below)					
CW CF			`								
SW SE	Was a chemical/bacter Sample was submitted	iological sample subr	nitted to I	Department? Yes	;	If yes, mo/day/yrs					
	Sample was submitted		. Wate	r well disinfected?	' Yes						
S											
5 TYPE OF CASING U	JSED: 5 Wrought 1 P (SR) 6 Asbestos-		erete tile r (specify		IG JOINTS: Glued	Clamped					
$ \begin{array}{ccc} 1 \text{ Steel} & 3 \text{ RM} \\ \hline 2 PVO & 4 ABS \end{array} $					Threaded						
Blank casing diameter	20 Z <sub>in. to</sub> 50	ft., Diameter	i	n. to ft	., Diameter	in. toft.					
Casing height above land			ح	.lbs./ft. Wall th	nickness or guage No.	Sch 40					
TYPE OF SCREEN OR I	PERFORATION MATE inless Steel 5 Fiber		0.4	ABS	11 Other (Specify)						
		rete tile 8 RM (SR		Asbestos-Cement							
SCREEN OR PERFORA	TION OPENINGS ARE		-,		(-)	,					
1 Continuous slot					11 None (open h						
2 Louvered shutter SCREEN-PERFORATEI	4 Key punched 6 W	rire wrapped 8 S	Saw Cut	10 Other (speci	fy) ft. to	ft					
GRAVEL PACK	From. KINTERVALS: From.										
	From.	ft. to .		ft., From	ft. to	ft.					
6 GROUT MATERIAL	L: 1 Neat cement 2	Cement grout Be	ntonite	4 Other							
	om <b>3</b> ft. to	. <b>4.8</b> ft., From		ft. to	ft., From	ft. toft.					
What is the nearest source	•										
1 Septic tank 2 Sewer lines	4 Lateral lines 5 Cess pool		10 Livesto 11 Fuel st	•	secticide Storage  Abandoned water well	16 Other (specify below)					
	lines 6 Seepage pit				il well/gas well	Annonia Line					
Direction from well?	North	-		y feet? <b>1.5</b> 0	ָבָר װ <b>֓</b>						
FROM TO	LITHOLOGIC		FROM	ТО	PLUGGING INT	ERVALS					
0 2 DK	Brown - Silt										
2 4 Lt	. Brown - Silty	Loan									
	. Brown - Sand										
31 70 4	Brown-Clay.										
	<u> </u>										
7 CONTRACTOR'S OF	R LANDOWNER'S CI	ERTIFICATION: T	his water	well was (1) cons	tructed, (2) reconstruct	ted, or (3) plugged					
under my jurisdiction and	l was completed on (mo/	(day/year) <b>4/22/</b>	and	this record is true	to the best of my know	wledge and belief.					
Kansas Water Well Contr	ractor's License No	This Water				7.7.1.3.7.1.					
under the business name INSTRUCTIONS: Use typew	vriter or ball point pen. PLEA	SE PRESS FIRMLY and F	PRINT clear	y (signature) <b>(</b> ly. Please fill in blan	ks. underline or circle the c	orrect answers. Send ton					
three copies to Kansas Departm	nent of Health and Environmen	nt, Bureau of Water, Geolo	gy Section,	1000 SW Jackson St.,	Suite 420, Topeka, Kansas	66612-1367. Telephone					
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells.											