KOLAR DOC ID \_\_\_\_\_ WELL ID\_

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

From \_\_\_\_\_ft. to \_\_\_\_\_ft.

LOCATION OF WATER WE	LL					Origina	ıl Recor	d Correction	Chang	e in Wel	ll Use
Latitude	Longitude		Section		Township		Range	E W Fraction	1/4	1/4	1/4
Datum	Elevation		County								
WATER WELL OWNER		W	ELL WATER U	JSE				NEAREST SOURCE OF PO	TENTIAL C	ONTAMIN	NATION
Name								Source:			
Business		cc	MPLETION					Distance from well:		n	
			anth of comm	alatad v	wall.		ft.	from well:	from wel	ll:	
Address			Depth of completed well:ft.  Depth(s) groundwater encountered:					Source description:			
Well location			(1) ft.; (2) ft.; (3) ft.; (4) dry well					Source:	Direction		
								from well:	from wel		
at owner's			Static water level in well: ft.					Source			
address			measured below land surface on (mm/dd/yy):					description:			
CONSTRUCTION			measured a	above la	and surface			No potential source of within 100 feet.	of contami	nation	
Borehole interval:	Borehole dia		on (mm/do	1/yy):				PERMIT & ID NUMBERS	(AS REQUI	RED)	
fromto ft.		in.   E	stimated yield	d:	gpm				(1.011.201		
fromto ft in.			Water level was: ft. afterhours					DWR Application No.:			
Casing height above land surface:in.			pumpinggpm					KDHE / EPA Project Code:			
If casing height is less than 12 in.			Pump installed? Yes No					Site Name:			
has a variance been approved?* Yes No			Water well disinfected? Yes No					KDHE UIC Class V Form Completed: Yes No			
*variance not required for monitoring or environmental remediation wells			Date disinfected (mm/dd/yy):					County Permit: Yes No Permit ID:  Lease Name & Well #:			
Casing type:			- utc distilicati	(11111							
Blank casing interval:	ft. to	ft. A	quifer, if kno	wn:				# of boreholes: #	of dewater	ring wells:	
Blank casing diameter:	in.	LIT	HOLOGIC L	OG							
Casing joints:		<u> </u>	ROM T	0	LITHOLOGY I	NTERVA	LS				
Weight:l											
Wall thickness or gauge											
Blank casing interval:		ft.									
Blank casing diameter:	<u> </u>										
Casing joints:											
Weight:l											
Wall thickness or gauge	e no.:										
Grout interval: ft.											
Grout material:											
	toft.	cc	MMENTS								
Grout material:											
Screen / perforation materi			ALTD A CTC -	/C CD :	ANDONALES	·	CATION				
Screen / perforation opening					LANDOWNERS					. 11	
Screen / perforation interva					s constructed		econstru	1			
Fromft. to						-		I certify that			
Slot size unit					-			well record was complete			
Slot size unit											
Gravel pack intervals:		k	Cansas Wate	r Well	Contractor's	License 1	No	under the auth	ority of th	e designa	ated
Gravel pack not used:	Gravel size	<sub>in</sub>     p	erson as de	fined i	n K.A.R. 28-3	30-2(j) ar	nd signe	d and certified by the ele	ctronic się	gnature o	of the
From ft. to	ft.		esignated p	erson	at its submitta	al:					
Gravel pack not used:	Gravel size	in	nd one copy to	o WAT	ER WELL OW	NER and	retain one	e for your records. Fee of \$5.0	00 for each	constructe	ed well.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367
(785) 296-3565 | K.S.A. 82a-1212 | v2022c

Division of Environment Curtis State Office Building 1000 SW Jackson St., Suite 400 Topeka, KS 66612-1367



Phone: 785-296-1535 Fax: 785-559-4264 www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

December 7, 2022

Jordan Benningfield, Geologist Environmental Works 1731 Locust St. Kansas City, MO 64108

Subject: Approval of Variance Request for Flush-Mount Monitoring Wells Not Located in High Traffic Areas at

Magellan El Dorado Site, KDHE Project Code C2-008-73762, El Dorado, Butler County, KS,

NW, SW, SW, NE, Sec. 10, T. 26 S, R. 5 E.

Dear Mr. Benningfield,

On December 2, 2022, the Kansas Department of Health and Environment/Bureau of Water/Geology & Well Technology Unit (KDHE), received a request for variance to install six (6) monitoring wells at-grade on residential property for Magellan Midstream Partners, LLP, at the above referenced Site. All required variance request information was provided in accordance with KDHE's *Procedure for Requesting a Waiver to Allow Installation of a Flush-Mount Monitoring Well, WWP-5, dated Jan. 2018.* Flush-mount well completion was requested by the residential property owners.

KDHE has reviewed the variance request materials and with this letter provides notice of approval for construction of six monitoring wells with flush-mount completion at the above referenced site.

As required in Procedure WWP-5, the location, well number, and latitude/longitude coordinates with associated horizontal datum must be shown in a scaled map and provided to KDHE along with the water well records (WWC-5 Forms) indicating that these wells have been constructed in accordance with Article 30 - K.A.R. 28-30-6(s). Please plan to attach such a map. Once the designated use of these wells has ceased, they must be plugged in accordance with KDHE regulations in Article 30 (K.A.R. 28-30-7), and *Procedure for Plugging a Groundwater Monitoring Well, WWP-10*.

Please contact me at 785-296-3565 (office), 785-224-5259 (work cell), or <a href="mailto:Pam.Chaffee@ks.gov">Pam.Chaffee@ks.gov</a> if you have any questions or need further assistance.

Sincerely,

Pamela Chaffee, P.G.

Water Well Program Manager

Geology & Well Technology Unit/Bureau of Water

1000 SW Jackson St, Suite 420

Topeka, KS 66612-1367

Copy: File – BOW/GWTU – Butler County

KDHE/BER – Allison Immel

