WELL ID

KOLAR DOC ID

WATER WELL RECORD (WWC-5)

OCATION OF WATER WELL	L		Original Reco				cord	ord Correction Change in We			e in Wel	ll Use
Latitude	Longitude		S	ection	Township	Rang	ge	E W	Fraction	1/4	1/4	1/4
Datum	Elevation			County	r		5-	W				
VATER WELL OWNER	Lievation			ATER USE	 :			NEADEST S	OURCE OF	POTENTIAL C	ONTAMIN	ΙΔΤΙΩΙ
			WELL VI	AI LIN OJL	•		آ ر					IAIIO
Name							┚╽	Distance		Direction		
Business			COMPL	ETION			- I	from well:		_ from we	ll:	
Address			Depth of completed well:ft.					Source				
radicss			Depth(Depth(s) groundwater encountered:				descriptio	n:			
			(1)	ft.; ((2) ft.;			Source:				
Well location			(3)	(3) ft.; (4) dry well				Distance Direction from well:				
, ,			Static v	vater level i	in well: fi		1		·	from we	ll:	
at owner's address			measured below land surface on (mm/dd/yy):					Source description:				
CONSTRUCTION					ve land surface		- }			e of contami	nation	
Borehole interval:	Borehole dia	meter:	on (mm/dd/yy	y):		. l		100 feet.			
fromto ft.		in.	Estima	ted vield:	gpm		ן ן	PERMIT &	ID NUMBER	RS (AS REQU	RED)	
fromtoft.		in.				hours		DWR App	olication No.	.:		
			Water level was:ft. afterhours pumping gpm					KDHE / EPA Project Code:				
Casing height above land surface:in.			Pump installed? Yes No					Site Name:				
If casing height is less than 12 in. has a variance been approved?* Yes No							4	KDHE UIC Class V Form Completed: Yes N				
*variance not required for monitoring			Water well disinfected? Yes No					County Permit: Yes No Permit ID:				
or environmental remediation wells			Date disinfected (mm/dd/yy):					Lease Name & Well #:				
Casing type:			Aquifa	r, if known			1			# of dewater		
Blank casing interval:		ft.	_									
Blank casing diameter:				OGIC LOG								
Casing joints:			FROM	ТО	LITHOLOGY II	NTERVALS						
Weight:lbs.												
Wall thickness or gauge r Blank casing interval:												
Blank casing diameter:		1t.										
Casing joints:												
Weight: lbs.												
Wall thickness or gauge r												
Grout interval: ft. to												
Grout material:												
Grout interval: ft. to	ft.		COMME	:NTS								
Grout material:												
Samoon / monformation montonial												
Screen / perforation material: Screen / perforation opening			CONTR	ACTORIS (OR LANDOWNERS	CEDTIEICATI	ON					
Screen / perforation intervals:								. 1		41	411	
Fromft. to					was constructed					the stated w		
					nse and was com	•			•			to
Slot size unit _ From ft. to				•	nowledge and be				-			
Slot size unit _					ess name of							,
Gravel pack intervals:			Kansa	s Water V	Vell Contractor's	License No		ur	nder the au	thority of th	e designa	ated
Gravel pack intervals: Gravel pack not used: Gravel size in			person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the									
From ft. to		in	-		on at its submitta				•	·		
	f t				on at its submitte	11.						
					VATER WELL OW		one f	or your rec	ords. Fee of s	55.00 for each	constructe	ed wel

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 Pam.Chaffee@ks.gov 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

