WATER WELL RECORD (WWC-5)

VATER WELL F	RECORD (W	NC-5)				OC ID			
OCATION OF WATER V	WELL		(iginal Recor	d Correction	Change in Well Us		
Latitude	Longitude		Section	Township	Range	E W Fraction	1/4	1/4	1
Datum	Elevation		County	-		***			
/ATER WELL OWNER		WEI	LL WATER USE			NEAREST SOURCE OF P	OTENTIAL CO	NTAMIN	ATIO
Name						Source:			
Business		COM	MPLETION			Distance from well:			
Duomeso				,		from well:	_ from well:_		
Address				ed well:	tt.	Source description:			
			eptn(s) ground ft.; (water encountered:		-			_
Well location			ft.; (Source:			
						Distance from well:	_ from well:		
at owner's address		Sta		in well: ft.		Source			
			measured below land surface on (mm/dd/yy):			description:			
ONSTRUCTION			measured abov	ve land surface		No potential source within 100 feet.	of contamina	ition	
Borehole interval: Borehole diameter:			on (mm/dd/yy):			PERMIT & ID NUMBERS (AS REQUIRED)			
fromto ft			timated yield: _	gpm		Q ID HOMBEN	- ALC HEGOINI		
fromto ft	t	in Wa	ater level was: _	ft. after	hours	DWR Application No.:			
Casing height above land surface:in.			pumpinggpm			KDHE / EPA Project Code:			
If casing height is le		Pu	mp installed?	Yes No		Site Name:			
has a variance been		No	ntor wall disinfo	ected? Yes No		KDHE UIC Class V Fo	_		
*variance not requir or environmental r				mm/dd/yy):		County Permit: Yes			
Casing type:		Da	me distillected (dd/yy):		Lease Name & Well #:			
Blank casing interval:	ft. to	ft. Aq	uifer, if known	:		# of boreholes:	# of dewaterin	ng wells: _	_
Blank casing diameter:	in.	LITH	HOLOGIC LOG						
Casing joints:		FF	ком то	LITHOLOGY INT	ERVALS				
Weight:	_lbs/ft.								
Wall thickness or ga	auge no.:	_							
Blank casing interval:	ft. to	ft.							
Blank casing diameter:	in.								
Casing joints:									
Weight:	lbs/ft.								
Wall thickness or ga	auge no.:	_							
Grout interval:	ft. to ft.								
Grout material:									
Grout interval:									
Grout material:		COI	MMENTS						
Screen / perforation mat									
Screen / perforation ope				OR LANDOWNERS CI					
Screen / perforation inte				was constructed	reconstru	*	the stated wat		
Fromft. to		co	ntractor's lice	ense and was comple	eted on	I certify tha	t this record i	is true t	o
Slot size ı		th	e best of my k	nowledge and belie	f. This water w	vell record was complete	ted on		
From ft. to		un	der the busin	ess name of					,
Slot size ı	unıt	Ka	ansas Water V	Vell Contractor's Lic	ense No	under the aut	hority of the	designa	teo
Gravel pack intervals:		ne				l and certified by the el	-	_	
Gravel pack not used		in -		on at its submittal:	-		0		-
From ft. to _						for your records. Fee of \$		netructo	
Gravel pack not used		in	a one copy to W			EALTH AND ENVIRONM		nion ucle	u V
From ft. to _	ft.		Bureau			ackson St., Suite 420, Top		1367	

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

