WELL ID

**KOLAR DOCID** 

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

From ft. to ft.

## **Original Record** Correction Change in Well Use LOCATION OF WATER WELL E W Fraction $\frac{1}{4}$ Latitude Longitude Section Township Range Datum Elevation County WATER WELL OWNER **WELL WATER USE NEAREST SOURCE OF POTENTIAL CONTAMINATION** Source: Name Direction Distance Business COMPLETION from well: from well: Depth of completed well: ft. Source Address description: Depth(s) groundwater encountered: ft.; (2) Source: Well location dry well Distance Direction from well: from well: Static water level in well: ft. at owner's Source address measured below land surface description: on (mm/dd/yy): No potential source of contamination CONSTRUCTION measured above land surface within 100 feet. on (mm/dd/yy): Borehole interval: Borehole diameter: PERMIT & ID NUMBERS (AS REQUIRED) to from in. gpm Estimated yield: DWR Application No.:\_ ft. from to in. Water level was: \_ ft. after hours KDHE / EPA Project Code: pumping \_ gpm Casing height above land surface: in. Site Name: Pump installed? No If casing height is less than 12 in. has a variance been approved?\* KDHE UIC Class V Form Completed: Yes No Yes No Water well disinfected? Yes No \*variance not required for monitoring County Permit: Yes No Permit ID: or environmental remediation wells Date disinfected (mm/dd/yy): Lease Name & Well #: Casing type: # of boreholes: \_\_\_\_ # of dewatering wells: \_ Aquifer, if known: Blank casing interval: ft. to Blank casing diameter: in. LITHOLOGIC LOG Casing joints:\_ FROM LITHOLOGY INTERVALS \_\_lbs/ft. Weight: Wall thickness or gauge no.: \_\_\_ Blank casing interval: ft. to Blank casing diameter: in. Casing joints: Weight: lbs/ft. Wall thickness or gauge no.: ft. to Grout interval: Grout material: ft. to ft. Grout interval: COMMENTS Grout material: Screen / perforation material: Screen / perforation openings: CONTRACTOR'S OR LANDOWNERS CERTIFICATION Screen / perforation intervals: This water well was constructed reconstructed pursuant to the stated water well ft. to ft. contractor's license and was completed on \_\_\_\_ \_. I certify that this record is true to Slot size \_\_\_\_ unit \_\_ the best of my knowledge and belief. This water well record was completed on From ft. to ft. under the business name of \_ Slot size unit Kansas Water Well Contractor's License No. \_\_\_ under the authority of the designated Gravel pack intervals: person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the Gravel pack not used: Gravel size \_\_\_\_\_in designated person at its submittal: From ft. to ft. Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Gravel pack not used: Gravel size in

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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

