

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

| | | | | | | | | | | | | | | |
|----------|--|-----------|--|---------|--|----------|--|-------|--|--------|----------|---|---|---|
| Latitude | | Longitude | | Section | | Township | | Range | | E W | Fraction | ¼ | ¼ | ¼ |
| Datum | | Elevation | | County | | | | | | | | | | |

WATER WELL OWNER

| | |
|-------------------------------------|--|
| Name | |
| Business | |
| Address | |
| Well location at owner's address | |

WELL WATER USE

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| |
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WELL INFORMATION

| |
|---|
| Depth of well: _____ ft. |
| Dry well |
| Static water level in well: _____ ft. measured below land surface on (mm/dd/yy): _____ measured above land surface on (mm/dd/yy): _____ |

PERMIT & ID NUMBERS (AS REQUIRED)

| |
|---|
| DWR Application No.: _____ |
| KDHE / EPA Project Code: _____ |
| Site Name: _____ |
| KDHE UIC Class V Form Completed: Yes No |
| County Permit: Yes No Permit ID: _____ |
| Lease Name & Well #: _____ |
| # of boreholes: _____ # of dewatering wells: _____ |

CASING

| |
|--|
| Type of blank casing used: _____ |
| Casing type details: _____ |
| Blank casing diameter: _____ inches |
| Was casing removed? Yes No |
| Top of casing is currently _____ feet _____ ground |
| Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells. |

GROUT & PLUGGING MATERIALS

| Grout or Plugging interval (ft.) | | Material | Description |
|----------------------------------|----|----------|-------------|
| From | To | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

COMMENTS

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CONTRACTOR'S OR LANDOWNERS CERTIFICATION

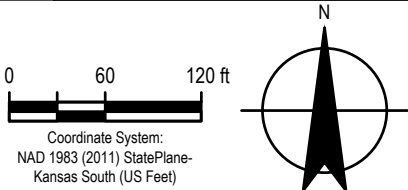
| |
|--|
| <p>This water well was plugged pursuant to the stated water well contractor's license and was completed on _____. I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, Kansas Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal _____.</p> |
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Send one copy to WATER WELL OWNER and retain one for your records.



LEGEND

- MW-2 MONITORING WELL
- PZ-9 PIEZOMETER
- SUMP 1 PRODUCT RECOVERY SUMP (PLUGGED AND ABANDONED IN 2022)
- AS-15 AIR SPARGE POINT (PLUGGED AND ABANDONED IN 2022)
- SVE-10S DUAL-PHASE VACUUM EXTRACTION WELL (S - SHALLOW WELL, D - DEEP WELL)
- REMEDATION SYSTEM PIPING TRENCH
- HORIZONTAL SVE WELLS
- ICC INDEPENDENCE COUNTRY CLUB



MAGELLAN MIDSTREAM PARTNERS, L.P.
INDEPENDENCE, KANSAS
MAGELLAN PIPELINE - RAJAH ROAD

Project No. 12604800
Date August 2024

FORMER REMEDIATION SYSTEM LAYOUT

FIGURE 3