

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Wyandotte	SW 1/4 SW 1/4 SW 1/4	16	10 S	25 <input checked="" type="checkbox"/> W

Distance and direction from nearest town or city street address of well if located within city?  
 401 E. Donovan Rd., Kansas City, KS - well located inside terminal facility

2	WATER WELL OWNER: Magellan Midstream Partner	RR #, St. Address, Box #: 401 E. Donovan Rd.	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code: Kansas City, KS 66115	Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 35 ..... ft.												
			WELL'S STATIC WATER LEVEL ..... 24.28 ..... ft.												
WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....															

5	TYPE OF BLANK CASING USED:
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile
	Blank casing diameter ..... 2 ..... in.      Was casing pulled? Yes <input checked="" type="checkbox"/> ..... No .....      If yes, how much ..... 5 ft ..... Casing height above or below land surface ..... Flush ..... in.

6	GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite      4 Other ..... Grout Plug Intervals:      From ..... 35 ..... ft.      to ..... 2 ..... ft.,      From ..... ft.      to ..... ft.,      From ..... to ..... ft.																				
	What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td><input checked="" type="checkbox"/> 7 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	<input checked="" type="checkbox"/> 7 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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	Direction from well? .....      How many feet? .....																				

FROM	TO	PLUGGING MATERIALS
35	2	Bentonite Grout
2	0	Topsoil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 3-7-08 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 710 ..... This Water Well Record was completed on (mo/day/year) ..... 3-10-08 ..... under the business name of ..... Below Ground Surface, Inc ..... by (signature) ..... <i>[Signature]</i> .....
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.