

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No.

Well ID

Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL:

County: **Wyandotte**

Fraction $\frac{1}{4}$ $\frac{1}{4}$ SE $\frac{1}{4}$ NE $\frac{1}{4}$

Section Number **29**

Township Number **T 10 S**

Range Number **R 25 E W**

2 WELL OWNER: Last Name: **Maqellan Midstream Partners, L.P.**

First: **One Williams Center**

Address: **One Williams Center**

Address:

City: **Tulsa**

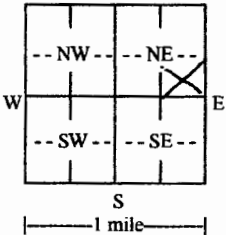
State: **OK** ZIP: **74172**

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:

North of 12th Street & Esplande on N. side of RR tracks

3 LOCATE WELL WITH "X" IN SECTION BOX:

N



4 DEPTH OF COMPLETED WELL: **40** ft.

Depth(s) Groundwater Encountered: 1) **NA** ft.

2) ft. 3) ft., or 4) Dry Well

WELL'S STATIC WATER LEVEL: ft.

below land surface, measured on (mo-day-yr).....

above land surface, measured on (mo-day-yr).....

Pump test data: Well water was ft.

after hours pumping gpm

Well water was ft.

after hours pumping gpm

Estimated Yield: gpm

Bore Hole Diameter: **3.25** in. to **40** ft. and

..... in. to ft.

5 Latitude: **39.148997** (decimal degrees)

Longitude: **-94.641162** (decimal degrees)

Horizontal Datum: WGS 84 NAD 83 NAD 27

Source for Latitude/Longitude:

GPS (unit make/model:)
(WAAS enabled? Yes No)

Land Survey Topographic Map

Online Mapper: **Google earth**

6 Elevation: ft. Ground Level TOC

Source: Land Survey GPS Topographic Map

Other

7 WELL WATER TO BE USED AS:

1. Domestic:

- Household
- Lawn & Garden
- Livestock

2. Irrigation

3. Feedlot

4. Industrial

5. Public Water Supply: well ID

6. Dewatering: how many wells?

7. Aquifer Recharge: well ID

8. Monitoring: well ID

9. Environmental Remediation: well ID **INJ-20**.....

Air Sparge Soil Vapor Extraction

Recovery Injection

10. Oil Field Water Supply: lease

11. Test Hole: well ID

Cased Uncased Geotechnical

12. Geothermal: how many bores?

a) Closed Loop Horizontal Vertical

b) Open Loop Surface Discharge Inj. of Water

13. Other (specify):

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:

Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **1** in. to **38** ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface **0** in. Weight lbs./ft. Wall thickness or gauge No. **sch 40**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:

- Steel Stainless Steel Fiberglass PVC
- Brass Galvanized Steel Concrete tile None used (open hole)

Other (Specify)

SCREEN OR PERFORATION OPENINGS ARE:

- Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)
- Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **38** ft. to **40** ft., From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **36** ft. to **40** ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **0** ft. to **36** ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination:

- Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
- Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
- Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well

Other (Specify)

Direction from well? Distance from well? ft.

10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS

NA

Notes:

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) **2-21-16**..... and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **604**..... This Water Well Record was completed on (mo-day-year) **6/5/16**.....

under the business name of **Environmental Priority Service, Inc.**..... Signature *[Signature]*

Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.

Visit us at <http://www.kdheks.gov/waterwell/index.html>

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Revised 7/10/2015