WATER	R WELL I	RECORD	Form W	WC-5	Di	vision of Wa	ter				
				in Well Use	Re	sources App.	No.		Well ID		
1 LOCATION OF WATER WELL: Fraction						ction Numb	er	Township Numb		ge Number	
	y: Wyandot			1/4 1/4 SE 1/	4 NE 14						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: Maqellan Midstream Partners, L.P.  Address: One Williams Center  direction from nearest town or intersection): If at owner's address, check here										heck here:	
Address:		anis Center			North of 12	lorth of 12th Street & Esplande on N. side of RR tracks					
City: Tulsa State: OK ZIP: 74172											
3 LOCAT		4 DEPTH	OF COME	LETED WELL:	40	40 ft. 5 Latitude: 39.148623 (decimal degrees)					
WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1)						A ft. Longitude: -94.640288 (decimal degrees)					
	2) ft. 3) ft., or 4)					Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27					
	· · · · · · · · · · · · · · · · · · ·		ER LEVEL:	Control Distriction							
	'			-yr)	Or b (with intertormoder:						
NW	NE		and surface, n ata: Well wat	-yr)							
w	+		hours p		☐ Land Survey ☐ Topographic Map ☐ Online Mapper: Google earth						
	-		er was	ft.							
SW	SE	after	after hours pumping				-4		П С1	I TOC	
		Estimated Y	Estimated Yield:gpm			6 Elevation:					
1	S Bore Hole Diameter: 3.25 in. to 40						Source: Land Survey GPS Topographic Map Other				
7 WELL WATER TO BE USED AS:											
1. Domestic				r Supply: well ID		10 □ 0	il Fie	ld Water Supply: le	ase		
	Household 6. Dewatering: how many wells?										
t =	& Garden	7. 🗆	Aquifer Rec	harge: well ID			ased	☐ Uncased ☐ C	eotechnical		
Livest		8. 🗆	Monitoring:	well ID				al: how many bores			
2. Irrigat				Remediation: well II				Loop Horizonta			
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex 4. ☐ Industrial ☐ Recovery ☐ Injection						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:											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter in. to											
Casing diameter											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) 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											
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											
Nearest source of possible contamination:  ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage											
☐ 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?  ft.											
10 FROM	TO TO	······································	ITHOLOGI	Distance from w					DI LICODIO	TO PETER VALO	
IO I KOM		NA L	IIHOLOGI	LUG	FROM	TO	LH	HO. LOG (cont.) or	PLUGGING	INTERVALS	
		<u> </u>			<del>                                      </del>						
					1						
	Notes:										
11 CONT	DACTOR	ODIANDO	MANUEL C	EDWIE CAMES	T TOL:						
under my is	priediction as	nd sunc comple	stad on (mo	CERTIFICATION day-year) .219-1	6 054	this record		a to the best of my	lenovelode.	a and haliaf	
Kansas Wa	ter Well Cor	itractor's Lice	nse No. 604	this Warth	v and iter Well Rea	ord was con	is tru mnlet	e w uie best of my ted on (mo-dav-ve-	ar) 6	L.L.C	
diluct tile b	usiness name	טואונענגע אוואנע	DECURAL 3. 3384	(((X . X C) . Y (X C 1) X		gnature	\				
Mail	white copy alo	ong with a fee of \$	5.00 for <u>each</u> c	onstructed well to: Kar	sas Department	of Health and	Envir	onment, Bureau of Wa	er, GWTS Se	ection,	
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 KSA 82a-1212 Revised 7/10/2015											