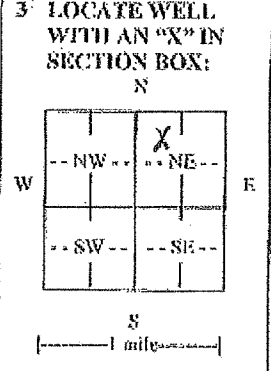


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: Miami	Fraction $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	Section Number 9	Township No. T 18 S	Range Number R 23 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Magellan Midstream Partners 24303 West 343rd Street, Paola, KS 66071		Global Positioning System (GPS) Information: Latitude: N38.50227 (in decimal degrees) Longitude: W94.86836 (in decimal degrees) Elevation: _____ Datum: <input type="checkbox"/> WGS 84. <input checked="" type="checkbox"/> NAD 83. <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin Nuvi 760) _____ <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
2 WATER WELL OWNER: Magellan Midstream Partners RR#, Street Address, Box #: _____ City, State, ZIP Code: Leveaux, KS 66215				



4 DEPTH OF COMPLETED WELL: 27 ft.

Depth(s) Groundwater Encountered (1) 26 ft. (2) N/A ft. (3) N/A ft.

WELL'S STATIC WATER LEVEL: 26.97 ft. below land surface measured on mo/day/yr. 1/25/12

Pump test data: Well water was N/A ft. after N/A hours pumping, N/A gpm

EST. YIELD: N/A gpm. Well water was N/A ft. after N/A hours pumping, N/A gpm

Bore Hole Diameter 8.25 in. to 27 ft., and N/A in. to N/A ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well MW-12

Was a chemical/bacteriological sample submitted to Department? Yes No
If yes, mo/day/yr sample was submitted, N/A

Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other _____

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter 2 in. to 5 ft., Diameter N/A in. to N/A ft., Diameter N/A in. to N/A 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 PVC Other (Specify) _____
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drifted holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify) _____

SCREEN-PERFORATED INTERVALS: From 5 ft. to 22-27 ft., From N/A ft. to N/A ft.
 From N/A ft. to N/A ft., From N/A ft. to N/A ft.

GRAVEL PACK INTERVALS: From 4 ft. to 27 ft., From N/A ft. to N/A ft.
 From N/A ft. to N/A ft., From N/A ft. to N/A ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete from 0-2'

Grout Intervals: From 1 ft. to 4 ft., From N/A ft. to N/A ft., From N/A ft. to N/A ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well

Direction from well _____ Distance from well <100ft

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Top soil, some clay trace silt			Damp trace plasticity, stiff
		Very DK grey, Damp med plasticity	16	19	Clay, some silt w/gray Brown Damp
		stiff			trace to medium plasticity STIFF
2	3	Clay, some silt, DK BR, damp medium	19	26	Clay, some silt, trace sand
		plast. stiff			Brown damp medium plasticity
3	6	Clay some silt, lt Brown damp, highly			stiff
		plast. stiff		26	Bedrock
6	12	Clay w/silt, Brown Damp med. Plast.			
		Very STIFF			
12	16	Clay some silt some gravel brn			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 1/24/2012 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 759 This Water Well Record was completed on (mo/day/year) 3/4/2012 under the business name of RAZEK Environmental, LLC by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Includes fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.