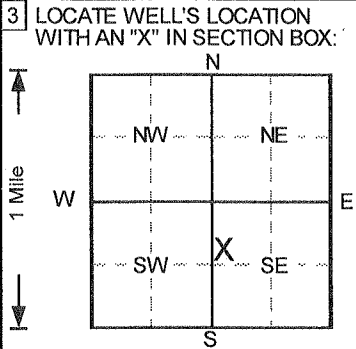


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Washington	SW ¼ NW ¼ SE ¼	7	T 2 S	R 5 E/W

Distance and direction from nearest town or city street address of well if located within city?

Mile Point 117, S of Hanover Ave/Yukon Blvd

2 WATER WELL OWNER: Magellan Midstream Partners, L.P.	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # : One Williams Center MD 27	Application Number:
City, State, ZIP Code : Tulsa, Ok 74172	



4 DEPTH OF COMPLETED WELL: **40** ft. ELEVATION: **1303.6**

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **25.67** ft. below land surface measured on mo/day/yr **12/17/2013**

Pump test data: Well water was **NA** ft. after _____ hours pumping _____ gpm

Est. Yield **NA** gpm; Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter **6.25** in. to **40** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes.....No ✓ ; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes _____ No ✓

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
Blank casing diameter _____ in. to _____ ft.	7 Fiberglass			Threaded. ✓
Casing height above land surface 34.32 in., weight _____ lbs./ft.				Wall thickness or gauge No. Sch. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)	
1 Continuous slot	6 Wire wrapped	9 Drilled holes		
3 Mill slot	7 Torch cut	10 Other (specify) _____		
2 Louvered shutter	4 Key punched			

SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **18** ft. to **40** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL:

1 Neat cement	2 Cement grout	3 Bentonite	4 Other Concrete
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Grout Intervals: From **0** ft. to **1** ft., From **1** ft. to **18** ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Clay topsoil, silty, Med. Brown			
1	6	Clay, silty, Med. Brown			
6	20	Clay, silty, Med. Brown to Lt. Brown/Tan			
20	32	Shale, wthrd., Lt. Tan			
32	40	Shale, wthrd., Med. Gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1)** constructed, **(2)** reconstructed, or **(3)** plugged under my jurisdiction and was completed on (mo/day/year) **12/3/2013** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **527**. This Water Well Record was completed on (mo/day/yr) **12/17/13** under the business name of **GeoCore, Inc.** by (signature) *Dale Bell*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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SEC.

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