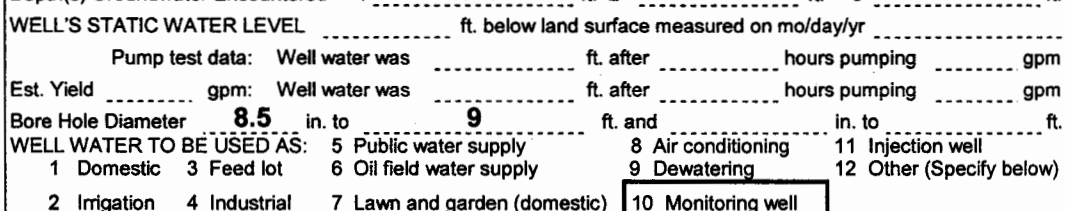


2	WATER WELL OWNER:	Magellan Pipeline Company L.P.	
	RR#, St. Address, Box # :	One Williams Center	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	Tulsa OK 74172	Application Number:

4 DEPTH OF COMPLETED WELL **9** ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1 **5.86** ft. 2 _____ ft. 3 _____ ft.



Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:			5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
1 Steel	3 RMP (SR)		6 Asbestos-Cement	9 Other (specify below)	Welded _____
2 PVC	4 ABS		7 Fiberglass		Threaded _____ Flush

Blank casing diameter **2** in. to **4** ft., Dia in. to _____ ft., Dia
Casing height above land surface **36** in., weight **0.703** 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) _____
			9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	


SCREEN-PERFORATED INTERVALS:	From	4	ft. to	9	ft. From		ft. to		ft.
	From		ft. to		ft. From		ft. to		ft.
GRAVEL PACK INTERVALS:	From	2	ft. to	9	ft. From		ft. to		ft.
	From		ft. to		ft. From		ft. to		ft.

6	GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other	Concrete
Grout Intervals		From	0	ft. to	1	ft. From	1
					ft. to	2	ft. From
							ft. to
							ft.

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

Direction from well?

[illegible]

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/yr) 4-5-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 5-26-05 under the business name of Geotechnical Services, Inc. by (signature) 

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.