

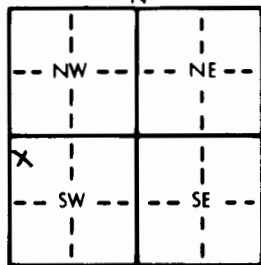
1 LOCATION OF WATER WELL: County: WYANDOTTE Fraction: NW 1/4 NW 1/4 SW 1/4 Section Number: 27 Township Number: T 10 S Range Number: R 25 EW

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

PZ-5

2 WATER WELL OWNER: UNISON TRANSFORMER SERVICES, INC./MR MARK LIGGATT  
 RR#, St. Address, Box #: 3126 BRINKERHOFF RD Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: KANSAS CITY, KS 66115 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 24 ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. 21.7 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: 21.7 ft. below land surface measured on mo/day/yr 01/29/96  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well  
 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:  
 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 1 in. to 23 ft., Dia. in. to ..... ft., Dia. in. to ..... ft.  
 Casing height above land surface 0 in., weight ..... lbs./ft. Wall thickness or gauge No. ....  
 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:  
 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 23 ft. to 24 ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From NONE ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Intervals: From 0 ft. to 20 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)  
INACTIVE INDUSTRIAL SITE

Direction from well?

How many feet?

| FROM | TO | LITHOLOGIC LOG      | FROM | TO | PLUGGING INTERVALS |
|------|----|---------------------|------|----|--------------------|
| 0    | 24 | FINE TO MED. S.SAND |      |    |                    |
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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) 01/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/yr) 10/22/96 under the business name of LAYNE-WESTERN by (signature) [Signature]

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.