

|                                                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------|--|----------------|---------------------------------------------------|-----------------|--|----------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |     | Fraction                                                                                                  |  | Section Number |                                                   | Township Number |  | Range Number   |  |
| County: <b>Harvey</b>                                                                                                                                                                                                                                                                                                                                           |     | SW ¼ SE ¼ SW ¼                                                                                            |  | 17             |                                                   | T 23 S          |  | R 1 <b>E/W</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>300 W. First, Newton, Kansas</b>                                                                                                                                                                                                                          |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 2 WATER WELL OWNER: <b>Western Resources, Inc.</b>                                                                                                                                                                                                                                                                                                              |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| RR#, St. Address, Box # : <b>P.O. Box 889</b>                                                                                                                                                                                                                                                                                                                   |     |                                                                                                           |  |                | Board of Agriculture, Division of Water Resources |                 |  |                |  |
| City, State, ZIP Code : <b>Topeka, Kansas 66601</b>                                                                                                                                                                                                                                                                                                             |     |                                                                                                           |  |                | Application Number:                               |                 |  |                |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |     | 4 DEPTH OF COMPLETED WELL: <b>15</b> ft ELEVATION: <b>1436.29</b>                                         |  |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |     | Depth(s) Groundwater Encountered 1. .... ft 2. .... ft 3. .... ft                                         |  |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |     | WELL'S STATIC WATER LEVEL .... <b>7.1</b> ft. below land surface measured on mo/day/yr .... <b>2/6/98</b> |  |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |     | Pump test data: Well water was .... <b>NA</b> ft after .... hours pumping .... gpm                        |  |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |     | Est. Yield .... <b>NA</b> gpm: Well water was .... ft after .... hours pumping .... gpm                   |  |                |                                                   |                 |  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                 |     | Bore Hole Diameter .... <b>8</b> in. to .... <b>15</b> 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 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                             |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 2 Irrigation 4 Industrial 7 Lawn and garden only <b>10</b> Monitoring well                                                                                                                                                                                                                                                                                      |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Was a chemical/bacteriological sample submitted to Department? Yes.....No <b>✓</b> .....; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Water Well Disinfected? Yes No <b>✓</b>                                                                                                                                                                                                                                                                                                                         |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued .... Clamped ....                                                                                                                                                                                                                                                                        |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| <b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded ....                                                                                                                                                                                                                                                                                        |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 7 Fiberglass .... Threaded. <b>✓</b>                                                                                                                                                                                                                                                                                                                            |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Blank casing diameter .... <b>2</b> in. to .... <b>5</b> ft, Dia .... in. to .... ft, Dia .... in. to .... ft                                                                                                                                                                                                                                                   |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Casing height above land surface .... <b>-3.96</b> in., weight .... Sch <b>40</b> lbs./ft. Wall thickness or gauge No. ....                                                                                                                                                                                                                                     |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL                                                                                                                                                                                                                                                                                                                          |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| <b>7</b> PVC 10 Asbestos-cement                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) ....                                                                                                                                                                                                                                                                                       |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                                                                                                                       |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                             |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                                                                                                                  |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 1 Continuous slot <b>3</b> Mill slot 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                             |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ....                                                                                                                                                                                                                                                                                            |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| SCREEN-PERFORATED INTERVALS: From .... <b>5</b> ft to .... <b>15</b> ft, From .... ft to .... ft                                                                                                                                                                                                                                                                |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| From .... ft to .... ft, From .... ft to .... ft                                                                                                                                                                                                                                                                                                                |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| GRAVEL PACK INTERVALS: From .... <b>4</b> ft to .... <b>15</b> ft, From .... ft to .... ft                                                                                                                                                                                                                                                                      |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| From .... ft to .... ft, From .... ft to .... ft                                                                                                                                                                                                                                                                                                                |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other ....                                                                                                                                                                                                                                                                           |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Grout Intervals: From .... <b>0</b> ft to .... <b>1</b> ft, From .... <b>1</b> ft to .... <b>4</b> 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 <b>16</b> Other (specify below)                                                                                                                                                                                                                                                         |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 13 Insecticide storage <b>Former UST</b>                                                                                                                                                                                                                                                                                                                        |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Direction from well? <b>East</b> How many feet? <b>60</b>                                                                                                                                                                                                                                                                                                       |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                  |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| FROM                                                                                                                                                                                                                                                                                                                                                            | TO  |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 0                                                                                                                                                                                                                                                                                                                                                               | 1.5 | Asphalt,                                                                                                  |  |                |                                                   |                 |  |                |  |
| 1.5                                                                                                                                                                                                                                                                                                                                                             | 2   | Clay, Dark Brown                                                                                          |  |                |                                                   |                 |  |                |  |
| 2                                                                                                                                                                                                                                                                                                                                                               | 10  | Clay, Red Brown/Grey mottled                                                                              |  |                |                                                   |                 |  |                |  |
| 10                                                                                                                                                                                                                                                                                                                                                              | 15  | Clay, Brown                                                                                               |  |                |                                                   |                 |  |                |  |
| PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| FROM                                                                                                                                                                                                                                                                                                                                                            | TO  |                                                                                                           |  |                |                                                   |                 |  |                |  |
| MW3, Tag # 00264408, Flushmount                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Project Name: Newton Service Center                                                                                                                                                                                                                                                                                                                             |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| GeoCore # 571, KDHE # U2 040 10741                                                                                                                                                                                                                                                                                                                              |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) .... <b>1/16/98</b> .... and this record is true to the best of my knowledge and belief.                                                                                      |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| Kansas Water Well Contractor's License No. .... <b>527</b> .... This Water Well Record was completed on (mo/day/yr) .... <b>2/12/98</b> ....                                                                                                                                                                                                                    |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| under the business name of <b>GeoCore Services, Inc.</b> by (signature) <i>Archie Bell</i>                                                                                                                                                                                                                                                                      |     |                                                                                                           |  |                |                                                   |                 |  |                |  |
| 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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