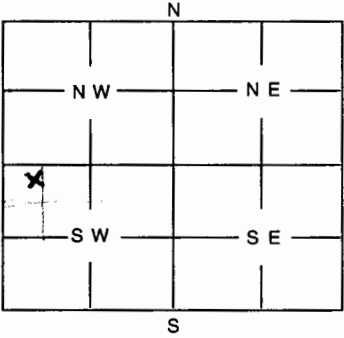


| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LOCATION OF WATER WELL:<br>County: <u>Reno</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fraction<br><u>NE 1/4 NW 1/4 SW 1/4</u> | Section Number<br><u>33</u>     | Township Number<br><u>22</u> | Range Number<br><u>5W</u> |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|------------------------------|---------------------------|---------------|-----------------------|--------------------|---------------------------------|--------------------------|--------------------|-----------------------|----------------------------|--------------------------|---------------------|------------------------|---------------------|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>WESTAR ENERGY- HUTCHINSON, KS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WATER WELL OWNER: <u>WESTAR ENERGY</u><br>RR #, St. Address, Box #: <u>818 SOUTH KANSAS AVE.</u><br>City, State, ZIP Code : <u>TOPEKA, KS. 66612</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: <u>4240</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEPTH OF WELL ..... <u>55</u> ..... ft<br>WELL'S STATIC WATER LEVEL ..... <u>14</u> ..... ft.<br>WELL WAS USED AS:<br><table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 <u>Industrial</u></td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes <u>X</u> ..... No .....                                                                                                                                                                                                                                            |                                         |                                 |                              |                           | 1 Domestic    | 5 Public Water Supply | 9 Dewatering       | 2 Irrigation                    | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot             | 7 Domestic (Lawn & Garden) | 11 Injection Well        | 4 <u>Industrial</u> | 8 Air Conditioning     | 12 Other .....      |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9 Dewatering                            |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10 Monitoring Well                      |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 Injection Well                       |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 4 <u>Industrial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12 Other .....                          |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TYPE OF BLANK CASING USED:<br>1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br>2 PVC    4 ABS    6 <u>Asbestos-Cement</u> 8 Concrete Tile<br>Blank casing diameter ..... <u>22</u> ..... in.    Was casing pulled? Yes ..... No <u>X</u> ..... If yes, how much .....<br>Casing height above or below land surface ..... <u>24</u> ..... in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GROUT PLUG MATERIAL:    1 Neat cement    2 <u>Cement grout</u> 3 Bentonite    4 <u>Other</u> <u>Hole Plug - Sand</u><br>Grout Plug Intervals:    From ..... ft. to ..... ft.,    From ..... ft. to ..... ft.,    From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 <u>Other (specify below)</u></td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><u>WATER WELL</u></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? <u>North</u> .....    How many feet? <u>32</u> ..... |                                         |                                 |                              |                           | 1 Septic tank | 6 Seepage pit         | 11 Fuel storage    | 16 <u>Other (specify below)</u> | 2 Sewer lines            | 7 Pit privy        | 12 Fertilizer storage | <u>WATER WELL</u>          | 3 Watertight sewer lines | 8 Sewage lagoon     | 13 Insecticide storage |                     | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well |  |  |  |  |  |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 Seepage pit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11 Fuel storage                         | 16 <u>Other (specify below)</u> |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 Pit privy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12 Fertilizer storage                   | <u>WATER WELL</u>               |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8 Sewage lagoon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 13 Insecticide storage                  |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14 Abandoned water well                 |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 5 Cess Pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10 Livestock pens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15 Oil well/Gas well                    |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>2</u></td> <td><u>DIRT</u></td> </tr> <tr> <td><u>2</u></td> <td><u>4</u></td> <td><u>HOLE PLUG</u></td> </tr> <tr> <td><u>4</u></td> <td><u>14</u></td> <td><u>CEMENT GROUT</u></td> </tr> <tr> <td><u>14</u></td> <td><u>55</u></td> <td><u>SAND</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                 |                              |                           | FROM          | TO                    | PLUGGING MATERIALS | <u>0</u>                        | <u>2</u>                 | <u>DIRT</u>        | <u>2</u>              | <u>4</u>                   | <u>HOLE PLUG</u>         | <u>4</u>            | <u>14</u>              | <u>CEMENT GROUT</u> | <u>14</u>       | <u>55</u>  | <u>SAND</u>             |  |             |                   |                      |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLUGGING MATERIALS                      |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>DIRT</u>                             |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>HOLE PLUG</u>                        |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <u>4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>CEMENT GROUT</u>                     |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <u>14</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>55</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>SAND</u>                             |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>4-13-05</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u><br><u>4-29-05</u> under the business name of <u>Basinchanty Bemis Ent.</u><br>by (signature) <u>James Doleman</u> This Water Well Record was completed on (mo/day/year) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                 |                              |                           |               |                       |                    |                                 |                          |                    |                       |                            |                          |                     |                        |                     |                 |            |                         |  |             |                   |                      |  |  |  |  |  |