

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <b>HARVEY</b>	<b>SW 1/4 SW 1/4 SW 1/4</b>	<b>12</b>	<b>23 S</b>	<b>3 E</b> <b>W</b>

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

**NE OF INTERSECTION OF WILLOW LAKE AND NW 12TH . RAW1 WELL SITE**

2	WATER WELL OWNER: <b>LAYNE CHRISTENSEN CO</b>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <b>1011 W. HARRY</b>	Application Number: <b>TEMPORARY PERMIT (ATTACHED)</b>
	City, State, ZIP Code: <b>WICHITA, KS 67213</b>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <b>115</b> ft.												
			WELL'S STATIC WATER LEVEL <b>44</b> ft.												
			WELL WAS USED AS:												
			<table border="0"> <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 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <b>TEMPORARY SUPPLY WELL</b></td> </tr> </table>	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 Industrial	8 Air Conditioning	12 Other <b>TEMPORARY SUPPLY WELL</b>
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			Was a chemical / bacteriological sample submitted to Department? Yes ..... No <b>X</b> .....												
			If yes, mo/day/yr sample was submitted .....												
			Water Well Disinfected: Yes <b>X</b> ..... No .....												

5	TYPE OF BLANK CASING USED:			
	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass
	<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	8 Concrete Tile
	9 Other (Specify below) .....			
	Blank casing diameter <b>6</b> in.		Was casing pulled? Yes ..... No <b>X</b> .....	If yes, how much <b>CUT OFF 3'</b>
	Casing height above or below land surface <b>36</b> in.		<b>BELOW GRADE</b>	

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<b>3 Bentonite</b>	4 Other .....
	Grout Plug Intervals:	From <b>3</b> ft.	to <b>50</b> ft.	From ..... ft.	to ..... ft.
	What is the nearest source of possible contamination:				
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	
	2 Sewer lines	7 Pit privy	12 Fertilizer storage		
	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		
	Direction from well? .....		How many feet? .....		

FROM	TO	PLUGGING MATERIALS
0	3	TOP SOIL
3	50	BENTONITE (HALE PLUG)
50	115	CHLORINATED GRAVEL

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>9/22/2006</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>102</b> This Water Well Record was completed on (mo/day/year) <b>9/22/2006</b> under the business name of <b>LAYNE CHRISTENSEN CO.</b> by (signature) <b>KENT M. WARRICK</b>
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

Submit To:

CHIEF ENGINEER  
Division of Water Resources  
Kansas Department of Agriculture  
109 SW 9th Street, 2nd Floor  
Topeka, KS 66612-1283

# APPLICATION FOR TEMPORARY PERMIT

☒ GROUNDWATER  
☐ SURFACE WATER  
(check one)



The State of Kansas

**A STATUTORY FILING FEE OF \$200.00 MUST ACCOMPANY THIS APPLICATION**  
(Make check payable to the Department of Agriculture)

1. Applicant (please print or type):

Name LAYNE CHRISTENSEN CO.  
Street 1011 W. HARRY  
City and State WICHITA, KS  
Zip Code 67213 Telephone No. (316) 264-5365  
Social Security I.D. No. \_\_\_\_\_  
and/or Taxpayer I.D. No. 48-0920712

2. Location of Point of Diversion:

Sec. 12, Twp. 23S, Rng. 3W, (E)  
(W),  
HARVEY County, Kansas.

Distance from Southeast Corner of Section: APPROX  
130 feet North from Southeast Corner  
5164 feet West from Southeast Corner

Existing water right? Yes ☒ No ☐  
If yes, File No. 45576  
Pending application? Yes ☐ No ☐  
If yes, File No. \_\_\_\_\_

3. Water Use Data:

Proposed Max. Pumping Rate (gpm) 300  
Amount Requested (gallons) 1,000,000  
(not to exceed one million gallons unless for dewatering)  
Depth of Well (feet) 125, OR  
Name of Stream \_\_\_\_\_

4. Name, address and phone number of the owner of land upon which point of diversion is located:

If other than applicant, submit statement showing owner's permission to install diversion works has been obtained (attach if applicable).

5. Water is to be used for (briefly describe proposed use):

CONSTRUCTION OF RECHARGE RECOVERY  
WELL FOR CITY OF WICHITA ASR PROJECT

6. Location of place of use:

WATER WILL BE USED ON LOCATION  
FOR CONSTRUCTION OF PERMANENT WELL.  
RRW-1

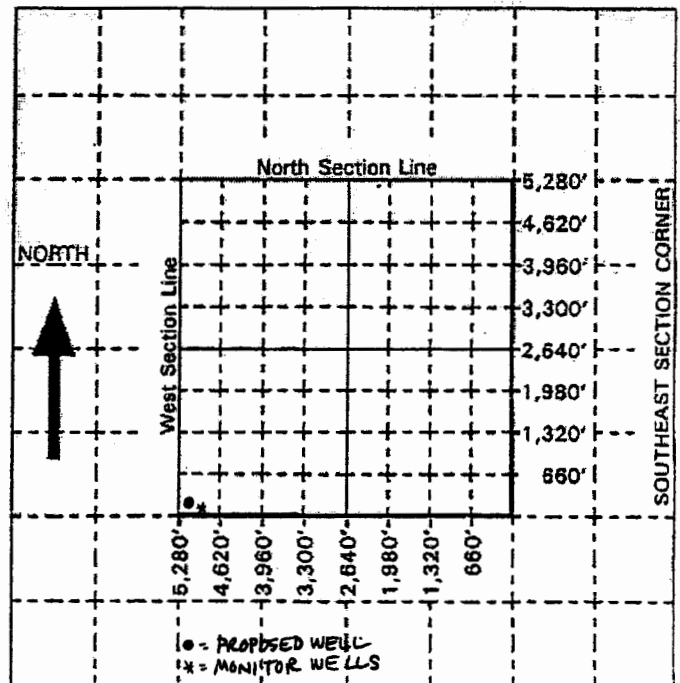
7. Period of use (6 months maximum):

Commencing date: 5/16/2006  
Ending date: 8/16/2006

8. Location of the proposed point of diversion shall be indicated on the diagram below. Use the center section.

If surface water, indicate on the diagram the course of the stream, and its name.

The scale of the diagram is 2 inches = 1 mile  
Each small square represents 10 acres



For Office Use Only: Code TMP Fee \$ \_\_\_\_\_ TR # \_\_\_\_\_ Receipt Date \_\_\_\_\_ Check # \_\_\_\_\_

9. For groundwater use, list below all wells within ¼ mile of the proposed well, and plot locations upon the diagram on reverse side. If additional space is needed, attach sheet.

Other wells -

Well A Owner(s): CITY OF WICHITA (3 MONITOR WELLS)

Address : 455 S. MAIN, WICHITA, KS 67202

Well B Owner(s): \_\_\_\_\_

Address : \_\_\_\_\_

10. For surface water use, list below the names and addresses of all landowners from a point ½ mile upstream to a point ½ mile downstream of the tract of land upon which the point of diversion is located. If additional space is needed, attach sheet.

Tract A Owner(s): \_\_\_\_\_

Address : \_\_\_\_\_

Tract B Owner(s): \_\_\_\_\_

Address : \_\_\_\_\_

11. The applicant states that the information set forth herein is true and accurate to the best of his/her knowledge.

\_\_\_\_\_  
Signature of Applicant or Kent M. Wartick / KENT M. WARTICK 5/16/2006  
Authorized Representative Date  
\_\_\_\_\_  
Name Printed Title GENERAL MANAGER

**DO NOT WRITE BELOW THIS LINE**

**CONDITIONS OF APPROVAL:**

The applicant shall maintain records from which the quantity of water actually diverted may be readily determined.

The use of water herein authorized shall not be made so as to impair any use under existing water rights or prejudicially and unreasonably affect the public interest.

K.S.A. 82a-728 states in part "(a) except for the appropriation of water for the purpose of domestic use, . . . it shall be unlawful for any person to appropriate or threaten to appropriate water from any source without first applying for and obtaining a permit to appropriate water . . ."

Well(s) must be properly constructed by the well driller to comply with Article 30 of the Rules and Regulations as adopted by the Kansas Department of Health and Environment.

The Chief Engineer specifically retains jurisdiction in this matter with authority to make such reasonable reductions in the approved rate of diversion and quantity authorized, and such changes in other terms, conditions, and limitations set forth in this approval and permit to proceed as may be deemed to be in the public interest.

## Equus Beds Groundwater Management District No. 2 Abandoned Well Plugging Agreement

I, KENT M. WARTICK, the undersigned and owner of an abandoned water well understand that an abandoned water well is a groundwater contamination threat and a public health and safety hazard.

The abandoned water well is located SW, SW, SW, Section 12, Township 23 S South, Range 3 East/West, HARVEY County which is approximately 130 feet north/south and 5164 feet east/west of the apparent SE section corner. Total well depth is 125 feet and the diameter of the well is 6 inches. Current depth to static water level in the well is +1-30 feet below land surface. The well was previously authorized by water permit no. TEMPORARY PERMIT.

I agree to properly plug the abandoned well pursuant to the Equus Beds Groundwater Management District rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207 and the following agreement provisions:

1. Well plugging operations will be supervised by either (a) a water well contractor licensed with the Kansas Department of Health and Environment, (b) a profession engineer or geologist licensed to practice in the State of Kansas, or (c) the abandoned water well owner or land owner of the property on which the water well or borehole is located.
2. The above described well will be plugged: a) by AUGUST 16, 2006, or b) within 30 days after the replacement well, approved by a change in point of diversion, becomes operational.
3. A completed WWC-5P form will be submitted to the Kansas Department of Health and Environment within 30 days after the abandoned well is plugged and a copy of the WWC-5P form will be furnished to the District within the same period of time.
4. The well owner or authorized agent will notify the District 48 hours before plugging operations occur.
5. Failure to comply with the provisions of this agreement shall constitute noncompliance of the groundwater management district rules and regulations K.A.R. 28-30-200 through K.A.R. 28-30-207.

Dated this 10 day of MAY, 2006 at \_\_\_\_\_  
LAYNE CHRISTENSEN CA  
Signature \_\_\_\_\_ / KENT M. WARTICK  
GENERAL MANAGER  
Address 1011 W. HARRY  
City, State, Zip Code WICHITA, KS 67213  
Telephone 316-264-5365

State of Kansas County of \_\_\_\_\_

Subscribed and affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_