

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: HARVEY	SW 1/4 SW 1/4 SW 1/4	24		T235		R3	EW																								
Distance and direction from nearest town or city street address of well if located within city? 82' SOUTH AND 28' EAST OF NEW WELL, CORNER WILLOW LAKE AND HWY 50																																
2	WATER WELL OWNER: CITY OF WICHITA RR #, St. Address, Box #: 6016 S. SPRING ROAD City, State, ZIP Code: HALSTEAD, KS 67056																															
			Board of Agriculture, Division of Water Resources Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4	DEPTH OF WELL 122.10 ft. WELL'S STATIC WATER LEVEL 33 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other SUPPLY WATER </div> </div>																												
Was a chemical / bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes X No																																
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div>																															
Blank casing diameter in. Was casing pulled? Yes No X If yes, how much Casing height above or below land surface 36 in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From -3 ft. to 33 ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div>																															
Direction from well? How many feet?																																
<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>33</td> <td>122</td> <td>CHLORINATED GRAVEL</td> </tr> <tr> <td>33</td> <td>-3</td> <td>BENTONITE</td> </tr> <tr> <td>0</td> <td>-3</td> <td>SOIL</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	33	122	CHLORINATED GRAVEL	33	-3	BENTONITE	0	-3	SOIL												
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/20/2006 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/year) 10/23/2006 under the business name of LAYNE CHRISTENSEN CO by (signature) <i>Kenneth Watch</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, 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. 24, Twp. 23S, Rng. 3W, (E), (W),
HARVEY County, Kansas.

Distance from Southeast Corner of Section: APPROX
165 feet North from Southeast Corner
5150 feet West from Southeast Corner

Existing water right? Yes ☒ No ☐
If yes, File No. 45567

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
RAW-3

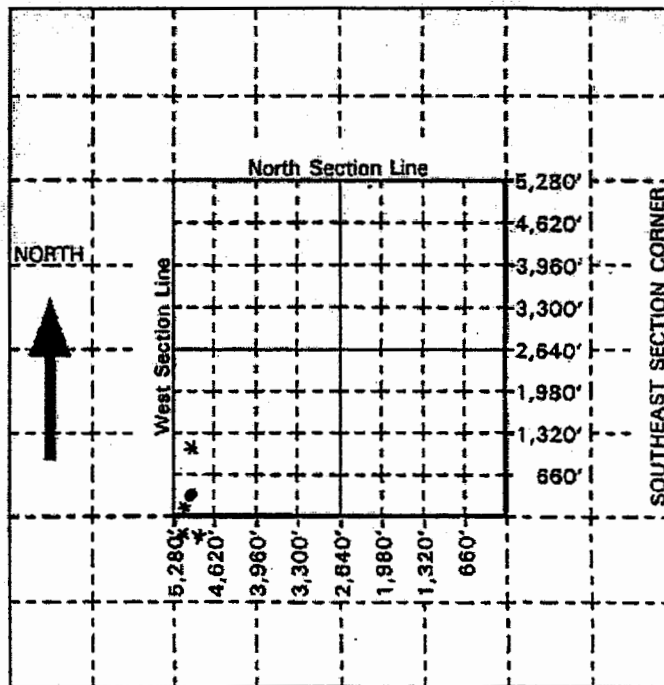
7. Period of use (6 months maximum):

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



• PROPOSED WELL
* EXISTING WELL

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 (MONITOR WELLS)

Address : 455 S. MAIN, WICHITA, KS 67202

Well B Owner(s): GORDON SCHMIDT

Address : 10320 N. WHEATSTATE RD, INMAN, KS 67546

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 5/10/2006
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.

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): BERGKAMP, GORDON
Address : RR #2, HALSTEAD, KS 67056

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.

_____	or	<u>Kent M. Wartick</u>	<u>5/10/2006</u>
Signature of Applicant		Authorized Representative	Date
_____		Title <u>GENERAL MANAGER</u>	
Name Printed			

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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 24, Township 23 South, Range 3 East West, HARVEY County which is approximately 165 feet north/south and 550 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 +/- 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 10TH day of MAY, 2006 at _____
Signature LAYNE CHRISTENSEN CO / KENT M. WARTICK
Address 1011 W. HARVEY / GENERAL MANAGER
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 _____