1 LOCATION OF WATER WELL Focutory. HARVEY Sulfaces and direction from nearest town or dry street address of well if located within only? 82 SOUTH AND 28 ENST OF NEW WELL WATER WELL COWNER. CITY OF WICHTA RR 9, SLAGINGS, Box 9: C916 S. SPRING RAD City, State, ZIP Code HAS SEAD, KS 67051 MARK WELLS LOCATION WITH AN X IN SECTION BOX. WELL STATIC WATER LEVEL. 33 ft. WELL STATIC WATER LEVEL. 35 ft. WELL STATIC WATER LEVEL. 36 ft. Water Well Disinfected: Yes X. No. Water well Disinfected: Yes X. No. Sale of Public Water Supply 10 Monitoring Well 11 ft. plent control 11 ft. Blank Casing diameter L. Water well Control 11 ft. Sale of Public Water Supply 10 Monitoring Well 11 ft. GROUP Flug filterwals: From 3 ft. to 33 ft. From 1 ft. From 1 ft. GROUP Flug filterwals: From 3 ft. to 33 ft. From 1 ft. From 1 ft. From 2 ft. From 3 ft. From 4 Lorent lines Severy lines					·				8			M	l B
Delatince and direction from nearest town or city street address of well if located within city? 82 SOUTH AND 28 ENST OF New NEU CARRE WILLOW LAKE AND HWY 5D WATER WELL OWNER: Rf. #, St. Address, Box #; Coll 5 SPZ.N.G. RAD City, State, ZIP Code HALSTEAD, KS. 6/10-5 Application Number: BOST AND NEW SEE HALSTEAD, KS. 6/10-5 Application Number: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 1 Monitoring Well 1 Injection Well 1 Injec	1							Sec	ction Numb	ber	ـــــ ا		
82' SOUTH AND 26' EAST OF NEW WELL, CORNER WILLOW LAKE AND ftWY 50 2 WATER WELL OWNER: CTTY OF WICH ITM Rh 9. St Address Box #: CORNER AND FT AND		inty.		<u> </u>					24		12:	55 ———	K⊃ EW
2 WATER WELL OWNER: CHTY OF WICH TA RR #, St. Address, Box #: Coll \$ \$. \$PkING RAD Diff, State, 2P Code HASTEAD, KS 6 TOSE Application Number: 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 2 Irrigation 6 Oil Field Water Supply 3 Feedool 7 Domestic Lawn & Garden 1 Indication 1 Manifering Well 1 Injection	Dis									الزاما	i Air) / AVE	ANK	HWY 50
RR #, St. Address, Box #: 6016 St. SPKING RAD City, State, ZP Code HAUSTEPH, KS GTOSE Board of Agriculture, Division of Water Resources Application Number: MARK WELL'S LOCATION WITH AN'X IN SECTION BOX. WELL'S STATIC WATER LEVEL	_							au,	CORNER	WIL	ww unre	ZVYD	1(4) 30
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WELL WAS USED AS: Domestic S Public Water Supply 1 Developing 1 Developi		AN "X"		BOX:		WELL'S S	STATIC WATE	R LEVE	_L 33	ft.			
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Was a chemical / bacteriological sample submitted to Department? Yes				i l		2 Irr	igation	6	Oil Field Water	er Supp	oly Sardon)	10 Monitori	ng Well
Water Well Disinfected: Yes	w				E				,		(12 Other	SUPPLY WATER
Water Well Disinfected: Yes		0)4	,	05	Wa	s a chemic	al / bacteriolo	ogical sa	mple submitte	ed to De	epartment? Yes		NoX
TYPE OF BLANK CASING USED: Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) Blank casing diameter		SV	/	SE —	lf ye	es, mo/day	/yr sample w	as subm	nitted		•••••		
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Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)	_	TYPE	OF BLANK C	ASING LISED:									
Blank casing diameter	5				Vrought		7 Fibera	lace	9 Other (Sr	necify h	elow)		
Casing height above or below land surface				` '	-	-Cement	•		٠.		······································		
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Grout Plug Intervals: From		Blank	casing diame	ter					s	No .	. X If	yes, how m	uch
Grout Plug Intervals: From 2 ft. to .3.2 ft., From ft., From ft. vo									O antonito		Other		
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)	6				-								
2 Sewer lines 3 Waterlight sewer lines 8 Sewage lagoon 13 Insecticide storage 14 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 33 122 CHULHATED CRAVEL 33 -3 BENTON TE O -3 SOIL 7 CONTRACTOR'S OF UNDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) Directions in the business hame of and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business hame of Att Standard Cartes Ca			-		ble conta	amination:							
3 Waterlight sewer lines 4 Lateral lines 5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well? How many feet? FROM TO PLUGGING MATERIALS 33 122 CHURNATER CRAVEL 33 -3 BENTON TE O -3 SOIL TO CONTRACTOR'S OF VANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licertse No. 10 JURNATERIES OF VANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on mand this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licertse No. 10 JURNATERIES NO. 11 Insecticide storage 14 Abandonade water well 15 Oil well/Gas well 16 Oil well/Gas well 17 CONTRACTOR'S OF VANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on mand this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licertse No. 10 JURNATERIES NO. 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							pit					` '	,
Direction from well? How many feet?		3 V	Vatertight sew	er lines	8	Sewage I	•	1	3 Insecticide	storage	•		
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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		Water	Well Contracto	or's License No.		102	/ /	SXIE	מאו אווי	This Wa	ater Well Reco	rd was con	npleted on (mo/day/year)
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson		. .t . .	gnature)	DA M	tne bus	iness har	ne of						
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson	IN	ISTRUCT	IONS: Use	typewriter or b	all poin	t pen. Ple	ase press fi	irmly ar	nd <u>print</u> clear	ly. Plea	ase fill in blan	ks, underli	ne or circle the correct
	ar	nswers. S	end top thre	e copies to Ka	ansas D	epartmen	nt of Health	and En	vironment, B	ureau	of Water, Ge	ology Sect	ion, 1000 SW Jackson

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO._____

Submit To:

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

For Office Use Only: Code TMP Fee \$

APPLICATION FOR TEMPORARY PERMIT

GROUNDWATER
SURFACE WATER
(check one)



Check #

Receipt Date

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

(Make check payable to	the Depart	ment or Agriculture)
. Applicant (please print or type):	6.	Location of place of use:
Name LAYNE CHRISTENSEN CO.		WATER WILL BE USED ON LOCATION FOR
Street ION W. HARRY		CONSTRUCTION OF PERMANENT WELL
City and State WICHITA, KS		Rew-3
Zip Code 67 213 Telephone No. (316) 264-5365		
Social Security I.D. No.		
and/or Taxpayer I.D. No. 48 - 0920712	7.	Period of use (6 months maximum):
Location of Point of Diversion:		Commencing date: 5/16/2006
Sec. <u>24</u> , Twp. <u>235</u> , Rng. <u>3</u> W (E), (W),		Ending date: 8/16/2006
HARVEY County, Kansas.		
Distance from Southeast Corner of Section: APPROX	8.	Location of the proposed point of diversion shall be indicated on the diagram below. Use the center section
165 feet North from Southeast Corner		If surface water, indicate on the diagram the course of
5150 feet West from Southeast Corner		the stream, and its name.
Existing water right? Yes No D If yes, File No. 45567		The scale of the diagram is 2 inches = 1 mile Each small square represents 10 acres
Pending application? Yes □ No □ If yes, File No	<u></u>	
. Water Use Data:		
Proposed Max. Pumping Rate (gpm)		
Amount Requested (gallons) 1,000,000 (not to exceed one million gallons unless for dewatering)		North Section Line
Depth of Well (feet) 125 , OR	.	
Name of Stream	NO)RTH
Name address and phone number of the owner of land	F	
 Name, address and phone number of the owner of land upon which point of diversion is located: 		2,640' - 2
		2,840
	. [_]	
If other than applicant, submit statement showing owner's permission to install diversion works has been obtained		1,320° 1,
(attach if applicable).	<u></u>	9
. Water is to be used for (briefly describe proposed use):		5,2860° 3,300° 1,320° 660°
CONSTRUCTION OF RECHARGE RECOVERY		2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
WELL FOR CITY OF WICHITA ASR PROJECT	<i>;</i> T	
	L	
		• Proposed well
		4 EXISTING WELL

TR#

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 we	elis -				
	Well A	Owner(s): CITY OF WICHITA (MONITOR WELLS)				
		Address: 455 S. MAIN , WICH ITA , KS 67202				
	Well B					
		Address: 18320 N. WHEATSTATE RD INMAN, KS 67546				
10.	D. 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 app	licant states that the information set forth herein is true and accurate to the best of his/her knowledge.				
		Signature of Applicant or Authorized Representative KENT M. WARTICK 5/10/2006 Date				
		Name Printed Title GENERAL MANAGER				
		DO NOT WRITE BELOW THIS LINE				
co	NDITION	S OF APPROVAL:				
		t 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.	0. 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 appl	icant states that the information set forth herein is true and accurate to the best of his/her knowledge.					
		Signature of Applicant or Authorized Representative Title GENERAL MANAGER Name Printed					
		DO NOT WRITE BELOW THIS LINE					
CO	NDITION	S OF APPROVAL:					
The	applican	shall maintain records from which the quantity of water actually diverted may be readily determined.					
The	use of veasonably	vater herein authorized shall not be made so as to impair any use under existing water rights or prejudicially and affect the public interest.					
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Equus Beds Groundwater Management District No. 2 Abandoned Well Plugging Agreement

	abandoned water well is a groundw	d owner of an abandoned water well rater contamination threat and a public				
The abandoned water well is located $5W$, $5W$, $5W$, $5W$, Section 24 , Township 23 South, Range 3 East West, HARVEY County which is approximately 165 feet (north/south and 5150 feet east/west of the apparent $5E$ section corner. Total well depth is 125 feet and the diameter of the well is 6 inches. Current depth to static water evel in the well is $1-30$ feet below land surface. The well was previously authorized by water permit no. TEMBRARY PERMIT.						
Management Distri	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:					
with the Kansas geologist license	Department of Health and Enviro	er (a) a water well contractor licensed onment, (b) a profession engineer or sas, or (c) the abandoned water well ater well or borehole is located.				
The above desc b) within 30 day becomes operat	s after the replacement well, appro	August 16 , 20 <u>06</u> , or eved by a change in point of diversion,				
Environment wit	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 operations occu	•	he District 48 hours before plugging				
-	r management district rules and r	nent shall constitute noncompliance of regulations K.A.R. 28-30-200 through				
Dated this 1011	day of MAY .2006	at .				
	day of <u>MAY</u> , 20 <u>06</u> LAYNE CHRIST	TENSEN CO KENT M. WARTICK				
	Signature	GENERAL MANAGER				
	Address Ou W. HA	RRY				
	City, State, Zip Code WichitA, E	5 61213				
		e_316-264-5365				
State of Kansas Cou	nty of					
	d to before me this day of	20				
	a to before the this day of	, 20,				
by	(Notary Public)	_				
My Commission Expire	s	-				