

|                                                                                                                                                                                                                                                                                                          |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------|----|---------------------------------------------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                |    | Fraction                                                                                            |                         | Section Number                                                        |    | Township Number                                   |  | Range Number |  |
| County: <b>Harvey</b>                                                                                                                                                                                                                                                                                    |    | <b>NE ¼ NE ¼ NE ¼</b>                                                                               |                         | <b>2</b>                                                              |    | <b>T 24 S</b>                                     |  | <b>R 3 W</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                          |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| <b>325 feet south of center of SW 36<sup>th</sup> Street, 550 feet west of center of Willow Lake Road</b>                                                                                                                                                                                                |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 2 WATER WELL OWNER: <b>City of Wichita</b>                                                                                                                                                                                                                                                               |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| RR#, St. Address, Box # : <b>6016 S. Spring Lake Road</b>                                                                                                                                                                                                                                                |    |                                                                                                     |                         |                                                                       |    | Board of Agriculture, Division of Water Resources |  |              |  |
| City, State, ZIP Code : <b>Halstead, Kansas 67056</b>                                                                                                                                                                                                                                                    |    |                                                                                                     |                         |                                                                       |    | Application Number:                               |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                     |    | 4 DEPTH OF COMPLETED WELL <b>65</b> ft. ELEVATION: <b>1426</b>                                      |                         |                                                                       |    |                                                   |  |              |  |
|                                                                                                                                                                                                                                                                                                          |    | Depth(s) Groundwater Encountered 1 <b>19.2</b> ft. 2 _____ ft. 3 _____ ft.                          |                         |                                                                       |    |                                                   |  |              |  |
|                                                                                                                                                                                                                                                                                                          |    | WELL'S STATIC WATER LEVEL <b>19.2</b> ft. below land surface measured on mo/day/yr <b>8/21/2006</b> |                         |                                                                       |    |                                                   |  |              |  |
|                                                                                                                                                                                                                                                                                                          |    | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                        |                         |                                                                       |    |                                                   |  |              |  |
|                                                                                                                                                                                                                                                                                                          |    | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                  |                         |                                                                       |    |                                                   |  |              |  |
|                                                                                                                                                                                                                                                                                                          |    | Bore Hole Diameter <b>8</b> in. to <b>65</b> ft. and _____ in. to _____ ft.                         |                         |                                                                       |    |                                                   |  |              |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                     |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                     |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10</b> Monitoring well                                                                                                                                                                                                                         |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 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 _____ No <b>X</b>                                                                                                                                                                                                                                                            |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                             |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                               |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| <b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 7 Fiberglass _____ Threaded <b>X</b>                                                                                                                                                                                                                                                                     |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| Blank casing diameter <b>2</b> in. to <b>55</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                              |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| Casing height above land surface <b>31</b> in., weight <b>0.68</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>                                                                                                                                                                                   |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                  |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement                                                                                                                                                                                                                                     |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____                                                                                                                                                                                                                                |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 12 None used (open hole)                                                                                                                                                                                                                                                                                 |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                      |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 1 Continuous slot <b>3</b> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                      |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                          |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 7 Torch cut 10 Other (specify) _____                                                                                                                                                                                                                                                                     |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| SCREEN-PERFORATED INTERVALS: From <b>55</b> ft. to <b>65</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                             |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                  |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| GRAVEL PACK INTERVALS: From <b>52</b> ft. to <b>65</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                   |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                  |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3</b> Bentonite 4 Other _____                                                                                                                                                                                                                          |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| Grout intervals From <b>0</b> ft. to <b>52</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                               |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                    |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                      |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well                                                                                                                                                                                                                          |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____                                                                                                                                                                                                   |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                   |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                          |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |
| FROM                                                                                                                                                                                                                                                                                                     | TO | CODE                                                                                                | LITHOLOGIC LOG          | FROM                                                                  | TO | PLUGGING INTERVALS                                |  |              |  |
|                                                                                                                                                                                                                                                                                                          |    |                                                                                                     | <b>see attached log</b> |                                                                       |    |                                                   |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>07/27/2006</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/yr) <b>08/21/2006</b> |    |                                                   |  |              |  |
| under the business name of <b>Layne Christensen Company</b>                                                                                                                                                                                                                                              |    |                                                                                                     |                         | by (signature)                                                        |    |                                                   |  |              |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |    |                                                                                                     |                         |                                                                       |    |                                                   |  |              |  |

OFFICE USE ONLY

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SEC

# TEST HOLE REPORT

LAYNE Western, a Div. of  
LAYNE Christensen  
Wichita, Kansas

|                            |                         |
|----------------------------|-------------------------|
| Contract Name: Wichita ASR | Test Hole No. RB1PZ (s) |
|                            | Date: July 27, 2006     |
|                            | Driller: M. Leslie      |

|                        |                                          |
|------------------------|------------------------------------------|
| Location of Test Hole: | Elevation of Test Hole:                  |
|                        |                                          |
|                        | Static Water Level:                      |
| Page 1                 |                                          |
|                        | Measured          Hours After Completion |

| From | To | Description of Strata                                       |
|------|----|-------------------------------------------------------------|
| 0    | 5  | orange, olive sand, fine to coarse with gravel, clay lens   |
| 5    | 10 | orange, olive sand, fine to coarse with gravel, clay lens   |
| 10   | 15 | orange, olive sand, fine to coarse with gravel, slight clay |
| 15   | 20 | orange, olive sand, fine to coarse with gravel, slight clay |
| 20   | 25 | orange, olive sand, fine to coarse with gravel, slight clay |
| 25   | 30 | orange, olive sand, fine to coarse with gravel, slight clay |
| 30   | 35 | orange, olive sand, fine to coarse with gravel, slight clay |
| 35   | 40 | orange, olive sand, fine to coarse with gravel, slight clay |
| 40   | 45 | orange, olive sand, fine to coarse with gravel, slight clay |
| 45   | 50 | orange, olive sand, fine to coarse with gravel, slight clay |
| 50   | 55 | olive, sand, fine to coarse with gravel, clay lens          |
| 55   | 60 | olive, sand, fine to coarse with gravel, clay lens          |
| 60   | 65 | olive, sand, fine to coarse with gravel, clay lens          |