

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																																																
County: Sedgwick		NW ¼ SW ¼ NW ¼		35		T 25 S		R 2 W																																																																
Distance and direction from nearest town or city street address of well if located within city? North of 96HWY & 151st Street W.																																																																								
GPS Location Northing: 1739254.325 Easting: 1595865.282																																																																								
2 WATER WELL OWNER: City of Wichita																																																																								
RR#, St. Address, Box # : 6016 S. Spring Lake Road																																																																								
City, State, ZIP Code : Halstead, Kansas 67056																																																																								
Board of Agriculture, Division of Water Resources Application Number:																																																																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 138 ft. ELEVATION:																																																																						
		Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 11.47 ft. below land surface measured on mo/day/yr 10/1/08 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 6 in. to 150 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) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes X No																																																																						
		5 TYPE OF BLANK CASING USED:																																																																						
		1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter 2 in. to 118 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 36" in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40																																																																						
		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 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____ 7 Torch cut SCREEN-PERFORATED INTERVALS: From 138 ft. to 118 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 143 ft. to 28 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																																																																						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite X 4 Other _____																																																																								
Grout Intervals From 150 ft. to 143 ft. From 28 ft. to 0 ft. From _____ ft. to _____ ft.																																																																								
What is the nearest source of possible contamination: None Known																																																																								
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? _____																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="text-align: center;">See Attached Log</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	See Attached Log																																																							
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was _____																																																																								
completed on (mo/day/yr) 10/01/08 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/yr) 11/19/09																																																																								
under the business name of Layne Christensen Company by (signature) <i>[Signature]</i>																																																																								
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.																																																																								

TEST HOLE REPORT

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LAYNE Western

A Division of LAYNE Christensen Company

Wichita, Kansas

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