

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|---------------------------|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Fraction                                                                                                                                                                                                                                                                        | Section Number | Township Number                | Range Number              |
| County: <u>SEDGWICK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | <u>N ¼ NE ¼ SE ¼</u>                                                                                                                                                                                                                                                            | <u>22</u>      | <u>T 28 S</u>                  | <u>R 1 E W</u>            |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>6100 WEST 55TH STREET SO</u>                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| <b>2 WATER WELL OWNER:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | <u>WESTERN RESOURCES, MURRAY GILL ENERGY CENTER</u>                                                                                                                                                                                                                             |                |                                |                           |
| RR#, St. Address, Box # :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | <u>6100 WEST 55TH ST. SO</u>                                                                                                                                                                                                                                                    |                |                                |                           |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | <u>WICHITA, KS 67215</u>                                                                                                                                                                                                                                                        |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                        |                |                                |                           |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | <b>4 DEPTH OF COMPLETED WELL:</b> <u>80</u> ft. <b>ELEVATION:</b> <u>1310</u>                                                                                                                                                                                                   |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Depth(s) Groundwater Encountered 1. <u>31</u> ft. 2. _____ ft. 3. _____ ft.                                                                                                                                                                                                     |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | WELL'S STATIC WATER LEVEL <u>31</u> ft. below land surface measured on mo/day/yr                                                                                                                                                                                                |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                                                    |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Est. Yield <u>600</u> gpm: Well water was <u>39'7"</u> ft. after <u>6</u> hours pumping <u>600</u> gpm                                                                                                                                                                          |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Bore Hole Diameter <u>38</u> in. to _____ ft., and _____ in. to _____ ft.                                                                                                                                                                                                       |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                       |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | 5 Public water supply      8 Air conditioning      11 Injection well<br>1 Domestic                  3 Feedlot                  6 Oil field water supply    9 Dewatering<br>2 Irrigation                 4 Industrial                7 Lawn and garden only   10 Monitoring well |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____                                                                                                                    |                |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>                                                                                                                                                                                                        |                |                                |                           |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | 3 RMP (SR)                                                                                                                                                                                                                                                                      |                | 5 Wrought iron                 |                           |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 4 ABS                                                                                                                                                                                                                                                                           |                | 6 Asbestos-Cement              |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 7 Fiberglass                   |                           |
| Blank casing diameter <u>18</u> in. to <u>0-38</u> ft., Dia <u>18</u> in. to <u>53-65</u> ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                    |    | Casing height above land surface <u>21</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                         |                |                                |                           |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | 3 Stainless steel                                                                                                                                                                                                                                                               |                | 5 Fiberglass                   |                           |
| 2 Brass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | 4 Galvanized steel                                                                                                                                                                                                                                                              |                | 6 Concrete tile                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 7 PVC                          |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 8 RMP (SR)                     |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 9 ABS                          |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 10 Asbestos-cement             |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 11 Other (specify) _____       |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 12 None used (open hole)       |                           |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | 3 Mill slot                                                                                                                                                                                                                                                                     |                | 5 Gauzed wrapped               |                           |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | 4 Key punched                                                                                                                                                                                                                                                                   |                | 6 Wire wrapped                 |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 7 Torch cut                    |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 8 Saw cut                      |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 9 Drilled holes                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 10 Other (specify) _____       |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 11 None (open hole)            |                           |
| <b>SCREEN-PERFORATED INTERVALS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| From <u>38</u> ft. to <u>53</u> ft., From <u>65</u> ft. to <u>80</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| <b>GRAVEL PACK INTERVALS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| From <u>0</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| <b>6 GROUT MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| 1 Neat cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 2 Cement grout                                                                                                                                                                                                                                                                  |                | 3 Bentonite                    |                           |
| Grout Intervals: From <u>SEE BELOW</u> 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                    |                           |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | 5 Cess pool                                                                                                                                                                                                                                                                     |                | 8 Sewage lagoon                |                           |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | 6 Seepage pit                                                                                                                                                                                                                                                                   |                | 9 Feedyard                     |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 10 Livestock pens              |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 11 Fuel storage                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 12 Fertilizer storage          |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 13 Insecticide storage         |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 14 Abandoned water well        |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 15 Oil well/Gas well           |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                | 16 Other (specify below) _____ |                           |
| Direction from well?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | How many feet?                                                                                                                                                                                                                                                                  |                |                                |                           |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                  | FROM           | TO                             | PLUGGING INTERVALS        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 | <u>3</u>       | <u>28</u>                      | <u>CEMENT SLURRY</u>      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 | <u>28</u>      | <u>30</u>                      | <u>BENTONITE CHIPS</u>    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 | <u>30</u>      | <u>77</u>                      | <u>CHLORINATED GRAVEL</u> |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/11/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>581</u> This Water Well Record was completed on (mo/day/yr) <u>8/21/00</u> under the business name of <u>LAYNE WESTERN, A DIVISION OF LAYNE CHRISTENSEN</u> by signature <u>Kent Warkel</u> |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |
| 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                              |    |                                                                                                                                                                                                                                                                                 |                |                                |                           |