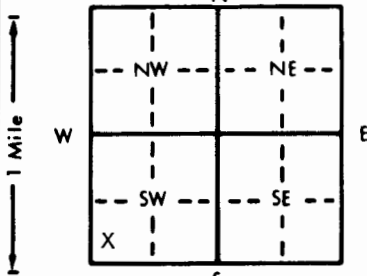


1 LOCATION OF WATER WELL: County: <u>Coffey</u>	Fraction <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>24</u>	Township Number <u>T 20 S</u>	Range Number <u>R 15E EW</u>
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Distance and direction from nearest town or city street address of well if located within city?  
One mile north and two miles east of New Strawn

2 WATER WELL OWNER: WCNOC as agent for KG&E, KCP&L, KEPCo  
 RR#, St. Address, Box #: P.O. Box 411 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Burlington, KS 66839 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  


4 DEPTH OF COMPLETED WELL: 24 ft. ELEVATION:  
 Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr  
 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 .... in. to .... ft., and .... in. to .... ft.  
 WELL WATER ~~TO BE~~ USED AS:  
 1 Domestic  2 Irrigation  3 Feedlot  4 Industrial  5 Public water supply  6 Oil field water supply  7 Lawn and garden only  8 Air conditioning  9 Dewatering  10 Monitoring well  11 Injection well  12 Other (Specify below)  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No  .....; if yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes  No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....  
 2 PVC 4 ABS 6 Asbestos-Cement  9 Other (specify below) Welded .....  
 7 Fiberglass Native Stone Threaded .....  
 Blank casing diameter 30 in. to .... ft., Dia. .... in. to .... ft., Dia. .... in. to .... ft.  
 Casing height above land surface 0 in., weight .... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) NA  
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 NA 6 Wire wrapped 9 Drilled holes  
 7 Torch cut 10 Other (specify) NA  
 SCREEN-PERFORATED INTERVALS: From NA ft. to NA ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: 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 9 ft. to 8 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	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
			24 ft.	9 ft.	Crushed gravel, disinfected
			9 ft.	8 ft.	Bentonite
			8 ft.	Surface	Compacted clay/topsoil

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/year) 12/1/94 and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. NA This Water Well Record was completed on (mo/day/yr) .....  
 under the business name of NA by (signature) James D. [unclear] For OTTO MAYNARD

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.