

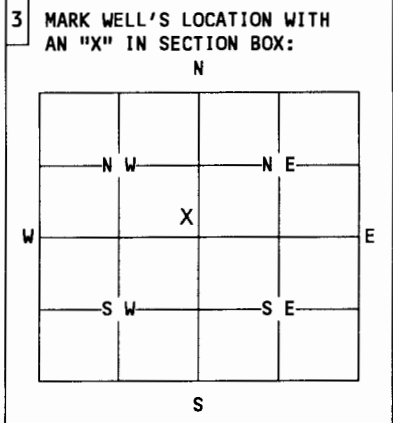
| | | | | | |
|---|-------------------------|----------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| | County: Coffey | SE 1/4 SE 1/4 NW 1/4 | 24 | 20S | 16E |

Distance and direction from nearest town or city street address of well if located within city?
 2 miles north, 1.5 mile east, 0.5 mile north, new Strawn, KS

2 WATER WELL OWNER: WCNOG as agent for K&G&E, KCPL and K&P&Co

RR#, St. Address, Box #: P.O. Box 411
 City, State, ZIP Code : Burlington, KS 66839

Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL.....ft. 20

WELL'S STATIC WATER LEVEL.....ft. 14

WELL WAS USED AS:

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 5 Public Water Supply | <input type="checkbox"/> 9 Dewatering |
| <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 6 Oil Field Water Supply | <input type="checkbox"/> 10 Monitoring Well |
| <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 7 Lawn and Garden Only | <input type="checkbox"/> 11 Injection Well |
| <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 8 Air Conditioning | <input type="checkbox"/> 12 Other..... |

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 | 7 Fiberglass | <input checked="" type="checkbox"/> 9 Other (specify below) rock |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter...NA...in. Was casing pulled? Yes..... No.... If yes, how much.....
 Casing height above or below land surface.....in. below at 15 ft.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From..15..ft. to..14..ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

| | | | |
|--------------------------|-------------------|-------------------------|--|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | <input checked="" type="checkbox"/> 16 Other (specify below) crop land |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? south..... How many feet? 600.....

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------------------|
| 20 | 15 | disinfected gravel/rock casing |
| 15 | 14 | Bentonite |
| 14 | to | compactea clay/top soil |
| | | |
| | | |
| | | |
| | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/1/90..... 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/year) 8/30/90..... under the business name of Wolf Creek Nuclear Operating Corporation by (signature) *[Signature]*.....

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.