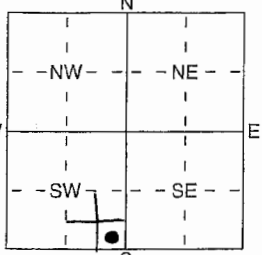


1 LOCATION OF WATER WELL: Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 12 Township Number T 21 S Range Number R 15 E
 County: COFFEY

Distance and direction from nearest town or city street address of well if located within city? 1550 OXEN LANE NE; BURLINGTON, KS LAT: 38.2282° (GOOGLE) LONG: -95.7114° (EARTH)

2 WATER WELL OWNER: WOLF CREEK NUCLEAR OPERATING PLANT
 RR#, St. Address, Box # : 1550 OXEN LANE, NE 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 20 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
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well MW-7A
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes _____ No (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 Threaded X
 Blank casing diameter 2 in. to 9 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 32 in., weight _____ lbs./ft. Wall thickness or gauge No. SCH. 40
 TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement
 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) _____
 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)
 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____ ft.
 SCREEN-PERFORATED INTERVALS: From 9 ft. to 24 ft., From _____ ft. to _____ ft.
SAND PACK INTERVALS: From 7 ft. to 24 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Intervals: From 2 ft. to 7 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 14 Livestock pens 15 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) COOLING LAKE
 13 Insecticide storage
 Direction from well? EAST How many feet? <0.5 MILE

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4'	CLAY	+3'	2' BGS	5'x4"x4" STEEL ABOVE-GROUND WELL PROTECTOR
4'	7'	LIMESTONE			
7'	24'	SHALE			

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) 7-20-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 788 This Water Well Record was completed on (mo/day/yr) 8-18-09 under the business name of ROBERTS ENV. DRILLING, INC. by (signature) Charles Roberts

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367, Telephone 785-298-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.