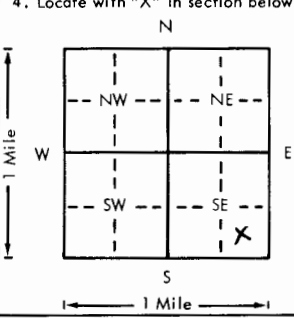
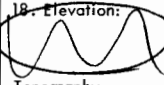


Water Well Plugging Report
Wolf Creek Generating Unit #1

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County <u>Coffey</u>		Fraction <u>SE 1/4 SE 1/4</u>	Section number <u>1</u>	Township number T <u>21</u> S R	Range number <u>15</u> <u>EA</u>
2. Distance and direction from nearest town or city: <u>5 mi. E ± and 2 mi. S ± of New Strawn, Ks.</u> Street address of well location if in city:			3. Owner of well: <u>KGE, KCP; L</u> R.R. or street: <u>Wolf Creek Generating Station</u> City, state, zip code:		
4. Locate with "X" in section below: 		Sketch map: 		6. Bore hole dia. <u>4 1/2</u> in. Completion date _____ Well depth <u>24</u> ft.	
5. Type and color of material		From		To	
		7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
		9. Casing: Material <u>PVC</u> Height: <u>Above or below</u>		9. Use: <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock	
		Threaded _____ Welded <u>SW</u> Surface <u>3'6"</u> in.		<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other	
		RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.		10. Screen: Manufacturer's name _____	
		Dia. <u>4 1/2</u> in. to <u>20</u> ft. depth Wall Thickness: inches or _____		Type _____ Dia. _____	
		Dia. _____ in. to _____ ft. depth gage No. <u>1A</u>		Slot/gauze _____ Length _____	
		11. Static water level: _____ mo./day/yr.		Set between _____ ft. and _____ ft.	
		<u>13</u> ft. below land surface Date <u>9/18/80</u>		Gravel pack? _____ Size range of material _____	
		12. Pumping level below land surfaces:		11. Static water level: _____ mo./day/yr.	
_____ ft. after _____ hrs. pumping _____ g.p.m.		<u>13</u> ft. below land surface Date <u>9/18/80</u>			
_____ ft. after _____ hrs. pumping _____ g.p.m.		12. Pumping level below land surfaces:			
Estimated maximum yield _____ g.p.m.		_____ ft. after _____ hrs. pumping _____ g.p.m.			
13. Water sample submitted: _____ mo./day/yr.		Estimated maximum yield _____ g.p.m.			
Yes _____ No _____ Date _____		13. Water sample submitted: _____ mo./day/yr.			
14. Well head completion:		Yes _____ No _____ Date _____			
_____ Pitless adapter _____ Inches above grade		14. Well head completion:			
15. Well grouted? <u>Yes</u>		_____ Pitless adapter _____ Inches above grade			
With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete		15. Well grouted? <u>Yes</u>			
Depth: From <u>9</u> ft. to <u>24</u> ft. TD		With: <input checked="" type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete			
16. Nearest source of possible contamination:		Depth: From <u>9</u> ft. to <u>24</u> ft. TD			
ft. _____ Direction _____ Type _____		16. Nearest source of possible contamination:			
Well disinfected <u>prior to plugging</u> Yes _____ No _____		ft. _____ Direction _____ Type _____			
17. Pump: _____ Not installed		Well disinfected <u>prior to plugging</u> Yes _____ No _____			
Manufacturer's name _____		17. Pump: _____ Not installed			
Model number _____ HP _____ Volts _____		Manufacturer's name _____			
Length of drop pipe _____ ft. capacity _____ g.p.m.		Model number _____ HP _____ Volts _____			
Type: _____		Length of drop pipe _____ ft. capacity _____ g.p.m.			
<input type="checkbox"/> Submersible _____ Turbine _____		Type: _____			
<input type="checkbox"/> Jet _____ Reciprocating _____		<input type="checkbox"/> Submersible _____ Turbine _____			
<input type="checkbox"/> Centrifugal _____ Other _____		<input type="checkbox"/> Jet _____ Reciprocating _____			
18. Elevation: 		<input type="checkbox"/> Centrifugal _____ Other _____			
Topography: _____ Hill _____		20. Water well contractor's certification:			
<input checked="" type="checkbox"/> Slope 8:1 _____		This well was _____ under my jurisdiction and this report			
_____ Upland _____		is true to the best of my knowledge and belief.			
_____ Valley _____		<u>Layne Western Co. Inc.</u> <u>102</u>			
19. Remarks: <u>Well Plugged 9/23/80 with grout mix (1 part H₂O: 2 parts Portland) to within 3'6" of existing surface, compacted backfill to surface.</u>		Business name _____ License No. _____			
		Address <u>1010 W. 39th, KCMO</u>			
		Signed <u>James Allen</u> Date <u>9/23/80</u>			
		Authorized representative			

Plugged Well
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