USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY. Water Well Phogging Report
Well Creek Generating Unit#1
Well Nº x C-8-15-3

WATER WELL RECORD KSA 82a-1201-1215 Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansos 66620

County		Section number	Township number	Range number					
Location of well. ΩD	_		1	1 -					
/ IF 102 1/4 NE	/ IF 102 1/4 NE 1/4		π α/	s R 15 0					
Distance and direction from nearest town or city: 3 mi. + E. 1 Hwy 750 New Strawn, Ks. eet address of well location if in city:	R.R. or City, st	er of well: KG street: Woll ate, zip code:	Creek Geners	oling Station					
Locate with "X" in section below: Sketch map:			6. Bore hole dia. 42 Well depth 25 ft	del Completion date					
Abordonned Bldg. SW SW SE SE SE SE SW SE SE SW SW SE SW SE SW			7Cable toolRotaryDrivenDugHoflow rodJettedBoredReverse rotary 8. Use:DomesticPublic supplyIndustryIrrigotionAir conditioning \(\subseteq \) Stock7LawnOil field waterOther 9. Casing: MaterialDayTik Height: Above or belowIsurfaceOin.						
					s no scale				Weightlbs./ft. depth Wall Thickness: inches or
					Type and color of moterial		From To	Dia in. to ft.	
								10. Screen: Manufacturer	's name
								Туре	Dia-
								Slot/gauze	
	-			ft. andft. t. andft.					
			Gravel pack? Size						
			11. Static water level:	mo./day/yr					
			ft. below land	surface Date					
			12. Pumping level below i						
			ft. after						
			Estimated maximum yield .	g.p.m.					
			13. Water sample submitte						
			Yes No 14. Well head completion						
			Pitless adapter	Inches above grade					
			15. Well grouted? Yes	- .					
			With: Neat cement Depth: From 3ft.	Bentoni te Concrete to ft.					
			16. Nearest source of poss						
			ft Direction Well disinfected upon con	TypeNo					
			17. Pump:	Not installed					
			Manufacturer's name						
			Model number	— HP Volts — Volts — g.p.m.					
			Type:						
/			Submersible	Turbine Reciprocating					
(Use a second sheet if needed)			Centrifugal	Other					
Elevation: 19. Remarks: Well phaged using arout	msu	Mart	20. Water well controctor	's certification:					
19. Remarks: Well phaged using growt of H2O: 2 parts Portland) to within surface, then compacted soil be	····/K)	"		r my jurisdiction and this report					
pography: surface then consorted soil	10.	1, 7	is true to the best of my ki	nowledge and belief.					
- Wisting sucto	ckfil	// / 	Business name	Ticense No.					
× Slope (Z:1) Upland			Address 1010 W 393	MO. ahla					
Valley			Signed Authorized	representative Date					
vard the white, blue and pink copies to the Department of Health and Environment				Form WWC-5					