

1 LOCATION OF WATER WELL
 County: Coffey Co. Dam Ctr. Lna. Sta. & Offset Fraction 10+70 - 30' Lndsd. Section Number 19 Township Number T 21 S Range Number R 15 E/W

Distance and direction from nearest town or city? 3 mi. ± E. Burlington, Ks. Street address of well if located within city? n/a

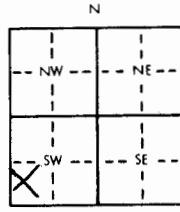
2 WATER WELL OWNER: KG & E and KCP & L
 RR#, St. Address, Box #: Wolf Creek Generating Station Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: New Strawn, Kansas Application Number: n/a

3 DEPTH OF COMPLETED WELL: 240 ± ft. Bore Hole Diameter: 4 in. to TD ft., and _____ in. to _____ ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well Allundum Tube Piezometer
 Well's static water level: n/a ft. below land surface measured on _____ month _____ day _____ year
 Pump Test Data: n/a Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield: _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm

4 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 _____ Solvent _____
 7 Fiberglass _____ Threaded _____
 Blank casing dia: 1/2 in. to TD less 3.5 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: ± 24 in., weight n/a lbs./ft. Wall thickness or gauge No. Sch. 40 PVC _____
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) Allundum
 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 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) Porous Tube
 Screen-Perforation Dia: n/a in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From TD less 3.5 ft. to TD less 1.5 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From TD less 5.0 ft. to TD ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Filter sand From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0.0 ft. to TD less 5.0 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: n/a
 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 16 Other (specify below) _____
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes _____ No X
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, date sample _____
 was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No X
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: n/a 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on Nov _____ month _____ day _____ year 1980
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 0102
 This Water Well Record was completed on Feb _____ month _____ day _____ year 1981
 name of Layne-Western Company, Inc. by (signature) James Allen

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

 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG
0 95 Embankment
95 240 Br. Clay
240 TD TD
 ELEVATION: 1991 ±

Depth(s) Groundwater Encountered 1. None ft. 2. _____ ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)
 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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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