

1 LOCATION OF WATER WELL
 County: Coffey Co. *SD IX 1/4* *10+70-10' Lksd. 1/4* Section Number *19* Township Number *T 21 S* Range Number *R 15 EAW*

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 RCP & E*
 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: *339 ±* ft. Bore Hole Diameter: *4* in. to *TD* ft., and *TD* in. to *TD* 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)
Allundum Tube Piezometer
 Well's static water level: *n/a* ft. below land surface measured on *n/a* month *n/a* day *n/a* year
 Pump Test Data: *n/a* Well water was *n/a* ft. after *n/a* hours pumping *n/a* gpm
 Est. Yield: *n/a* gpm Well water was *n/a* ft. after *n/a* hours pumping *n/a* gpm

4 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile Casing Joints: Glued *TD* Clamped *TD*
2 PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded *TD* Solvent *TD*
 Threaded *TD*
 Blank casing dia: *1/2* in. to *TD* less *3.5* ft., Dia *n/a* in. to *TD* ft., Dia *n/a* in. to *TD* 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 7 Torch cut **10** Other (specify) *Porous Tube*
 Screen-Perforation Dia: *n/a* in. to *TD* ft., Dia *n/a* in. to *TD* ft., Dia *n/a* in. to *TD* ft.
 Screen-Perforated Intervals: From *TD* less *3.5* ft. to *TD* less *1.5* ft., From *TD* less *3.5* ft. to *TD* less *1.5* ft., From *TD* less *3.5* ft. to *TD* less *1.5* ft., From *TD* less *3.5* ft. to *TD* less *1.5* ft.
 Gravel Pack Intervals: From *TD* less *5.0* ft. to *TD* ft., From *TD* less *5.0* ft. to *TD* ft., From *TD* less *5.0* ft. to *TD* ft., From *TD* less *5.0* ft. to *TD* ft.
 Filter sand: From *TD* less *5.0* ft. to *TD* ft., From *TD* less *5.0* ft. to *TD* ft., From *TD* less *5.0* ft. to *TD* ft., From *TD* less *5.0* ft. to *TD* ft.

5 GROUT MATERIAL: **1** Neat cement 2 Cement grout 3 Bentonite 4 Other *n/a*
 Grouted Intervals: From *0.0* ft. to *TD* less *5.0* ft., From *0.0* ft. to *TD* less *5.0* ft., From *0.0* ft. to *TD* less *5.0* ft., From *0.0* ft. to *TD* less *5.0* ft.
 What is the nearest source of possible contamination: *n/a*
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: *n/a* How many feet: *n/a*? Water Well Disinfected? Yes *TD* No **X**
 Was a chemical/bacteriological sample submitted to Department? Yes *TD* No **X** If yes, date sample was submitted: *n/a* month *n/a* day *n/a* year: Pump Installed? Yes *TD* No **X**
 If Yes: Pump Manufacturer's name: *n/a* Model No.: *n/a* HP: *n/a* Volts: *n/a*
 Depth of Pump Intake: *n/a* ft. Pumps Capacity rated at: *n/a* 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 *1980* day *19* 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 *4* day *1981* year under the business name of *Layne-Western Company, Inc.* by (signature) *James Allen*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG	FROM		TO		LITHOLOGIC LOG
		<i>0</i>	<i>185</i>	<i>185</i>	<i>339</i>	<i>Embankment</i>				
<i>185</i>		<i>339</i>			<i>Br. Clay</i>					
<i>339</i>					<i>TD</i>					
ELEVATION: <i>2000</i>										

Depth(s) Groundwater Encountered 1. *None* ft. 2. *None* ft. 3. *None* ft. 4. *None* 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.

OFFICE USE ONLY
T 21 S
R 15 EAW
SEC 19