

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Coffey	SE 1/4 SW 1/4 SW 1/4	4	21S	16E

Distance and direction from nearest town or city street address of well if located within city?
4 miles east and one mile south of New Strawn, KS

2 WATER WELL OWNER: WCNOC as agent for KG&E, KCPL, and KEPCo

RR#, St. Address, Box #: P.O. Box 411

City, State, ZIP Code : Burlington, KS 66839

Board of Agriculture, Division of Water Resources

Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
N W		N E	
W			E
S W		S E	
S		X	

4 DEPTH OF WELL.....ft. 20

WELL'S STATIC WATER LEVEL.....ft. 15

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
3 Feedlot	7 Lawn and Garden Only	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No ☒...
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes...☒... No.....

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="checkbox"/> 9 Other (specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tilerock.....

Blank casing diameter.....NA.....in. Was casing pulled? Yes..... No ☒..... If yes, how much.....
Casing height above or below land surface.....in. below at 15 ft.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other.....

Grout Plug Intervals: From..15..ft. to..14..ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="checkbox"/> 16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storagenone.....
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well?NA..... How many feet?NA.....

FROM	TO	PLUGGING MATERIALS
20	15	disinfected gravel/rock casing
15	14	Bentonite
14	top	compacted clay/top soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....8/1/96..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.NA..... This Water Well Record was completed on (mo/day/year).....8/16/96..... under the business name of Walt Creek Nuclear Operating Corporation
by (signature)*Walt Creek Nuclear Operating Corporation*.....

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.