

1 LOCATION OF WATER WELL
 County: Coffey Co. Dam Ctr. Ln. Sta. & Offset Fraction 36+75 - 40' Undsd. Section Number 30 Township Number T 21 S Range Number R 16 E

Distance and direction from nearest town or city? 3.5m. E. Burlington, Ks
 Street address of well if located within city? n/a

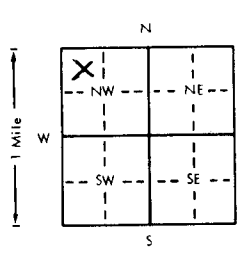
2 WATER WELL OWNER: KG & E and KCP & L
 RR#, St. Address, Box #: Wolf Creek Generating Station
 City, State, ZIP Code: New Strawn, Kansas
 Board of Agriculture, Division of Water Resources
 Application Number: n/a

3 DEPTH OF COMPLETED WELL: 20 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)
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 7 Fiberglass 9 Other (specify below) Welded Solvent _____
 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) 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) Allundum
 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
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., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From TD less 5.0 ft. to TD _____ 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 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 _____ 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 Oct. month _____ day 1980 year
 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 2 day 1981 year under the business 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
0 180 Embarkment
180 200 BrCl
200 TD
 ELEVATION: 2000 1983 ±

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.

OFFICE USE ONLY
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R
SEC 30
C
NW 1/4
NW 1/4