

1 LOCATION OF WATER WELL		Fraction Dam ct. Ln. Sta & offst.	Section Number	Township Number	Range Number
County: Coffey Co.		51+00 75' Lndsd.	30	T 21 S	R 16 EAW
Distance and direction from nearest town or city? 4 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: 49.0 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	
2 Irrigation 4 Industrial		6 Oil field water supply		9 Dewatering	
		7 Lawn and garden only		10 Observation well	
				11 Injection well	
				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	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				Casing Joints: Glued Clamped	
				Welded Solvent	
				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	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				8 RMP (SR)	
				9 ABS	
				10 Asbestos-cement	
				11 Other (specify) Allundum	
				12 None used (open hole)	
Screen or Perforation Openings Are:					
1 Continuous slot		3 Mill slot		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				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.					
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. 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	
2 Sewer lines		5 Seepage pit		8 Feed yard	
3 Lateral lines		6 Pit privy		9 Livestock pens	
				10 Fuel storage	
				11 Fertilizer storage	
				12 Insecticide storage	
				13 Watertight sewer lines	
				14 Abandoned water well	
				15 Oil well/Gas well	
				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 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	
		O 36° Embankment			
		36° 49° Br Cl			
		49° TD			
ELEVATION: 1964±					
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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EW

SEC.

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SW

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