

1 LOCATION OF WATER WELL	Dam Ctr. Ln. Sta. & Offset Fraction 41+60 - 40' Lndsd.	Section Number 30	Township Number T 21 S	Range Number R 16 E W
County: Coffey Co.	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			

Distance and direction from nearest town or city? **Ami 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: **27.5** ft. Bore Hole Diameter: **4** in. to TD **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)
		7 Lawn and garden only	10 Observation well	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 <input type="checkbox"/> Clamped <input type="checkbox"/>
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded <input type="checkbox"/> Solvent <input type="checkbox"/>
		7 Fiberglass		Threaded <input type="checkbox"/>

Blank casing dia: **1/2** in. to TD less **3.5** ft. Dia **n/a** in. to **n/a** ft. Dia **n/a** in. to **n/a** 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 Allundum
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify)
				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 **n/a** ft. Dia **n/a** in. to **n/a** ft. Dia **n/a** in. to **n/a** ft.

Screen-Perforated Intervals: From TD less **3.5** ft. to TD less **1.5** ft. From **n/a** ft. to **n/a** ft. From **n/a** ft. to **n/a** ft. From **n/a** ft. to **n/a** ft.

Gravel Pack Intervals: From TD less **5.0** ft. to TD **n/a** ft. From **n/a** ft. to **n/a** ft. From **n/a** ft. to **n/a** ft.

Filter Sand: From **n/a** ft. to **n/a** ft. From **n/a** ft. to **n/a** ft. From **n/a** ft. to **n/a** 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 **n/a** ft. to **n/a** ft. From **n/a** ft. to **n/a** 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 No X

Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, date sample was submitted: **n/a** month **n/a** day **n/a** year Pump Installed? Yes 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 **Oct** month **1980** 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	27.5	Embankment			
27.5		TD			

ELEVATION: **1970**

Depth(s) Groundwater Encountered 1. **None** ft. 2. **n/a** ft. 3. **n/a** ft. 4. **n/a** 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
R 16
SEC 30
C
M
M