

LOCATION OF WATER WELL	Dam Ctr. In. Sta. & Offset Fraction <b>52+50 - 14' Lndsd.</b>	Section Number	Township Number	Range Number
County: Coffey Co.		<b>30</b>	T <b>21</b> S	R <b>16</b> EW

Distance and direction from nearest town or city? **4.0 mi. E. Burlington, Ks.**  
 Street address of well if located within city? **n/a**

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**

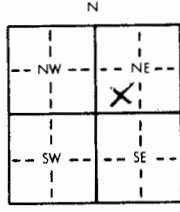
DEPTH OF COMPLETED WELL: **70.0** ft. Bore Hole Diameter: **4** in. to **TD** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Well Water to be used as:  
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering **12** Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well **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

TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)  
**2** PVC 4 ABS 7 Fiberglass  
 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 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 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut **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.

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 11 Fertilizer storage 14 Abandoned water well  
 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 15 Oil well/Gas well  
 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines 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 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 **Nov.** 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
						
			<b>0</b> <b>70.0</b> <b>Embarkment</b> <b>TD</b>			
ELEVATION: <b>2000'</b>						

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  
C  
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NE  
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