

# Plugging Report

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County: <b>MARION</b>	Fraction: <b>SE 1/4 NE 1/4</b>	Section number: <b>21</b>	Township number: <b>T 18 S</b>	Range number: <b>R 4 E</b>
2. Distance and direction from nearest town or city: <b>1 1/2 mi S Lincolnville Kans</b> Street address of well location if in city:				3. Owner of well: <b>Kango Inc</b> R.R. or street: <b>Box 277</b> City, state, zip code: <b>Marion Kans 66861</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date <b>8-76</b> Well depth <b>38</b> ft.		
				7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Soil field water <input type="checkbox"/> Other		
5. Type and color of material				9. Casing: Material <b>NA</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>NA</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>		
				10. Screen: Manufacturer's name <b>NA</b> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/> Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>		
0 - 5 Soil				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>22</b> ft. below land surface Date <b>11-10-77</b>		
Keleche				12. Pumping level below land surfaces: <b>NOT Pumped</b> <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <input type="checkbox"/> g.p.m.		
Unknown				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
Well was Plugged 11-29-77				14. Well head completion: <b>NA</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade		
This was First opportunity				15. Well grouted? <b>NA</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
To get To it w/ Cement Truck				16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
well was filled from Total				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
depth To 1' below Surface				20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  Business name <input type="checkbox"/> License No. <input type="checkbox"/> Address <input type="checkbox"/> Signed <input type="checkbox"/> Authorized representative <input type="checkbox"/> Date <input type="checkbox"/>		
With 2.4 Cubic Yards						
of Neat Cement using Sand						
x No gravel aggregate						
 (Use a second sheet if needed) <b>KGO Inc.</b>						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 18 S  
 R 4 E  
 Sec 21  
 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5