

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 Coffey	Fraction SE 1/4 SW 1/4 SE 1/4	Section number 12	Township number T 21 S	Range number R 15 E				
2. Distance and direction from nearest town or city: 2 1/2 E E 33 of NEW STRAWN			3. Owner of well: KGE, KCP&L R.R. or street: City, state, zip code: Wolf Creek Gen. Plant						
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E S 1 Mile</div>		NW	NE	SW	SE	Sketch map:		6. Bore hole dia. 6 in. Completion date Nov 23/77 Well depth 10 ft.	
NW	NE								
SW	SE								
5. Type and color of material		From		To		7. <input type="checkbox"/> Cable tool <input checked="" 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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other			
						9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 36 in. RMP <input checked="" 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 N/A 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"/>			
6. " DIA. WELL 70'						11. Static water level: 22' mo./day/yr. <input type="checkbox"/> ft. below land surface Date 11/14/77			
						12. Pumping level below land surfaces: <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.			
						13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>			
						14. Well head completion: FILLED <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
						15. Well grouted? <input checked="" type="checkbox"/> 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.			
7. " DIA. WELL to 68'						16. Nearest source of possible contamination: None ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
						17. Pump: <input checked="" 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			
						(Use a second sheet if needed)			
18. Elevation:	19. Remarks:		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. Layne-Western Co. Inc. 102 Business name License No. 1010 W. 39th K.C. Mo. 64111 Address Signed C. Allen 1/20/78 Authorized Representative Date						
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley									

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

Form WWC-5