

# 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<br><b>COFFEY</b> | Fraction<br><b>SW 1/4 NE 1/4 SE 1/4</b> | Section number<br><b>13</b>  | Township number<br><b>T 21 S</b> | Range number<br><b>R 15 E/W</b> |
| 2. Distance and direction from nearest town or city:<br><b>2 1/2 IN. S BURLINGTON</b> |  |                         |   | 3. Owner of well:<br><b>KGE, KCPAL</b>   |                                  |                                 |
| Street address of well location if in city:   |  |                         |   | City, state, zip code:<br><b>WOLF CREEK GEN PLANT</b>  |                                  |                                 |
| 4. Locate with "X" in section below:  |  | Sketch map:             |   | 6. Bore hole dia. <b>3</b> in. Completion date<br>Well depth <b>3</b> ft. <b>11/22/77</b>  |                                  |                                 |
|   |  |                         |   | 7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><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<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock<br><input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other <b>#19</b>  |                                  |                                 |
|   |  |                         |   | 9. Casing: Material <input type="checkbox"/> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>6</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>2 1/2</b> in. to <b>3</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/> |                                  |                                 |
| 5. Type and color of material   |  | From                    | To                                      | 10. Screen: Manufacturer's name <b>N/A</b>   |                                  |                                 |
| <b>LK4</b>  |  |                         |   | Type <input type="checkbox"/> Dia. <input type="checkbox"/>  |                                  |                                 |
| <b>3/4" PVC PIPE 3' deep</b>  |  |                         |   | Slot/gauze <input type="checkbox"/> Length <input type="checkbox"/>  |                                  |                                 |
| <b>GROUT FILLED WITH</b>  |  |                         |   | Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft.  |                                  |                                 |
| <b>1:1 SAND CEMENT</b>  |  |                         |   | <input type="checkbox"/> ft. and <input type="checkbox"/> ft.  |                                  |                                 |
| <b>1/2" PIPE EXTENDED FULL DEPTH</b>  |  |                         |   | Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>  |                                  |                                 |
| <b>GROUT PUMPED TO SURFACE</b>  |  |                         |   | 11. Static water level: <b>N/A</b> mo./day/yr.   |                                  |                                 |
|   |  |                         |   | <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>  |                                  |                                 |
|   |  |                         |   | 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: mo./day/yr.  |                                  |                                 |
|   |  |                         |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>  |                                  |                                 |
|   |  |                         |   | 14. Well head completion: <b>AFTER PLUGGING</b>  |                                  |                                 |
|   |  |                         |   | <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.   |                                  |                                 |
|   |  |                         |   | 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   |                                  |                                 |
|   |  |                         |   | 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  |                                  |                                 |
| 18. Elevation:  |  | 19. Remarks:            |   | 20. Water well contractor's certification:   |                                  |                                 |
| Tapography:   |  | <b>PIEZOMETER</b>       |   | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  |                                  |                                 |
| <input type="checkbox"/> Hill   |  |                         |   | <b>Layne Western Co</b> <b>102</b>   |                                  |                                 |
| <input checked="" type="checkbox"/> Slope   |  |                         |   | Business name <b>1010 N 39th</b> <b>KC Mo.</b>   |                                  |                                 |
| <input type="checkbox"/> Upland   |  |                         |   | Address <b>P. Allen</b> <b>2/7/78</b>  |                                  |                                 |
| <input type="checkbox"/> Valley   |  |                         |   | Signed <b>P. Allen</b> Date <b>2/7/78</b>  |                                  |                                 |

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

Form WWC-5