

# 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>Coffey</b>	Fraction <b>NW 1/4 NE 1/4 NE 1/4</b>	Section number <b>7</b>	Township number <b>T. 21 S</b>	Range number <b>R. 16 E</b>
2. Distance and direction from nearest town or city: <b>3 E &amp; 1 1/2 S of NEW STRAWN</b>				3. Owner of well: <b>KGE, KCP &amp; L</b> R.R. or street: City, state, zip code: <b>Wolf Creek GEN. Plant</b>		
4. Locate with "X" in section below:		Sketch map:				
5. Type and color of material		From	To	6. Bore hole dia. <b>3</b> in. Completion date <b>Oct. 21, 77</b> Well depth <b>33.5</b> ft.		
<b>P-3</b>				7. <input checked="" 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		
<b>3" hole drilled to 33.5'</b>				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 type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other <b>#19</b>		
<b>all materials removed from hole including all casing</b>				9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>3</b> in. to <b>33.5</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <input type="checkbox"/>		
<b>3/4" pipe extended to 33'</b>				10. Screen: Manufacturer's name <input type="checkbox"/> Type <input type="checkbox"/> Dia. <input type="checkbox"/> Slot/gauze <input checked="" 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"/>		
<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"/>		
<b>Grout mix 1:1 Sand Cement</b>				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"/> 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 <b>1:1 Concrete</b> Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.		
				16. Nearest source of possible contamination: <b>None</b> 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:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>PIEZOMETER</b>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Layne-Western Co., Inc. 102</b> Business name License No. <b>1010 W. 39 K.C. Mo. 64111</b> Address Signed <b>C. H. H. H. H.</b> Date <b>1/20/78</b> Authorized representative		

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

Form WWC-5