

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 NE 1/4 SW 1/4 NE 1/4	Section number 7	Township number T 21 S	Range number R 16 E
2. Distance and direction from nearest town or city: 1 1/2 S E 3 E of New Strawn Street address of well location if in city:				3. Owner of well: KGE E, KCP&L R.R. or street: City, state, zip code: Wolf Creek GEN. Plant		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. _____ in. Completion date Well depth 51.5 ft. OCT 18 1977		
				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 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 #19		
5. Type and color of material		From		To		9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 3 in. to 51.5 ft. depth Wall Thickness: inches or Dia. 3 in. to 51.5 ft. depth gage No. _____
P-12						10. Screen: Manufacturer's name N/A Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____
3" Hole drilled to 51.5						11. Static water level: N/A mo./day/yr. _____ ft. below land surface Date _____
all material removed from hole						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
including all casing						13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
3/4" pipe extended to 51.0'						14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade
grout pumped to surface						15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite 1:1 Concrete Depth: From _____ ft. to _____ ft.
Grout mix 1:1 sand cement						16. Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	PIEZOMETER		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. _____ Address 1010 W. 39th K.C. Mo. 64111 Signed C. Allen Date 1/20/78 Authorized representative			

T 21 S R 16 E
 Sec 7
 1/4 1/4 1/4
 NESANE

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

Form WWC-5