

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 SW 1/4 NE 1/4 NE 1/4	Section number 7	Township number T 21 S	Range number R 16 E/W
2. Distance and direction from nearest town or city: 3 E E 1 3/4 S of New Strawn			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: N W E S 1 Mile			Sketch map: 6. Bore hole dia. 3 in. Completion date Oct. 31, 77 Well depth 36 ft. 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 checked="" type="checkbox"/> Other 19 9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 3 in. to 36 ft. depth Wall Thickness: inches or 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 <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"/>
P-10A					11. Static water level: N/A mo./day/yr. <input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>
3" Hole drilled to 36'					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.
all materials removed from hole					13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>
including all casing					14. Well head completion: After plugging <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade
3/4" pipe extended to 35'					15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite 1:1 Concrete Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.
grout pumped to surface					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
Grout mix 1:1 sand cement					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)					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 St. K.C. Mo. 64111 Address Signed C. J. [Signature] Date 1/20/78 Authorized representative
18. Elevation:	19. Remarks: PIEZOMETER		21. 21 16 2 SCENE 1/4 1/4 1/4		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5