

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 NW 1/4 SE 1/4	Section number 8	Township number T 21 S	Range number R 16 E
2. Distance and direction from nearest town or city: 3.75 E & 1.5 S of New Strawn Street address of well location if in city:			3. Owner of well: KG & E, KC PEL 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 20 ft. Nov. 17, 77		
				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 6"-1" in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. .75 in. to 20 ft. depth; Wall Thickness: inches or Dia. _____ in. to _____ ft. depth; gage No. _____		
HS-3				10. Screen: Manufacturer's name N/A Type _____ Dia. _____ Slot/gauze <input checked="" type="checkbox"/> Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
1 3/4" PVC Pipe				11. Static water level: N/A mo./day/yr. _____ ft. below land surface Date _____		
20'				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.		
Grout filled with 1:1 sand cement				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
1/2" pipe extended full depth				14. Well head completion: After plugging below <input type="checkbox"/> Pitless adapter 6 inches above grade		
grout pumped to SURFACE				15. Well grouted? YES With: _____ Neat cement _____ Bentonite 1:1 Concrete Depth: From 20 ft. to 0 ft.		
				16. Nearest source of possible contamination: 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	PIEZOMETER		Layne-Western Co., Inc. 102 Business name _____ License No. _____ Address 1010 W. 39th, K. C., Mo. Signed C. Allender Date 1/5/78 Authorized representative			

T 21 S
 R 16 E
 Sec 8 - NE 1/4 SE 1/4

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

Form WWC-5