

# 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>NE 1/4 SE 1/4 NW 1/4</b>   | Section number<br><b>8</b>   | Township number<br><b>T 21 S</b> | Range number<br><b>R 16 E</b>   |
| 2. Distance and direction from nearest town or city:<br>Street address of well location if in city:   |                   |                         |   | 3. Owner of well:<br>R.R. or street:<br>City, state, zip code:                             |                                  |   |
| 4. Locate with "X" in section below:  |                   |                         |   | Sketch map:  |                                  |   |
|   |                   |                         |   | 6. Bore hole dia. <b>3</b> in. Completion date <b>11/17/77</b><br>Well depth <b>78</b> ft. |                                  |   |
| 5. Type and color of material   |                   |                         |   | From   | To                               | 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  |
| <b>HS 10</b>  |                   |                         |   |  |                                  | 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>      |
| <b>2 3/4" PVC PIPE</b>  |                   |                         |   |  |                                  | 9. Casing: Material _____ Height: Above or below<br>Threaded _____ Welded _____ Surface <b>24</b> in.<br>RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft.<br>Dia. <b>7.5</b> in. to <b>78.2</b> ft. depth Wall Thickness: inches or<br>Dia. _____ in. to _____ ft. depth gage No. _____  |
| <b>78.2 EACH FILLED WITH GROUT</b>  |                   |                         |   |  |                                  | 10. Screen: Manufacturer's name <b>N/A</b><br>Type _____ Dia. _____<br>Slot/gauze _____ Length _____<br>Set between _____ ft. and _____ ft.<br>_____ ft. and _____ ft.<br>Gravel pack? _____ Size range of material _____   |
| <b>4 1/2" PIPE EXTENDED FULL DEPTH</b>  |                   |                         |   |  |                                  | 11. Static water level: <b>N/A</b> mo./day/yr.<br>_____ ft. below land surface Date _____   |
| <b>GROUT PUMPED TO SURFACE</b>  |                   |                         |   |  |                                  | 12. Pumping level below land surfaces:<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>_____ ft. after _____ hrs. pumping _____ g.p.m.<br>Estimated maximum yield _____ g.p.m.  |
| <b>GROUT MIX 1:1 SAND CEMENT</b>  |                   |                         |   |  |                                  | 13. Water sample submitted: _____ mo./day/yr.<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____   |
|   |                   |                         |   |  |                                  | 14. Well head completion: <b>After Plugging</b><br><input type="checkbox"/> Pitless adapter _____ Inches above grade  |
|   |                   |                         |   |  |                                  | 15. Well grouted? <input checked="" type="checkbox"/><br>With: _____ Neat cement _____ Bentonite _____ Concrete<br>Depth: From _____ ft. to _____ ft.   |
|   |                   |                         |   |  |                                  | 16. Nearest source of possible contamination: <b>None</b><br>ft. _____ Direction _____ Type _____<br>Well disinfected upon completion? Yes _____ No _____   |
|   |                   |                         |   |  |                                  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible _____ Turbine<br><input type="checkbox"/> Jet _____ Reciprocating<br><input type="checkbox"/> Centrifugal _____ Other _____ |
| (Use a second sheet if needed)  |                   |                         |   |  |                                  |   |
| 18. Elevation:  | 19. Remarks:      |                         | 20. Water well contractor's certification:  |  |                                  |   |
| Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><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.<br><b>Layne Western Co 102</b><br>Business name _____ License No. _____<br>Address <b>1010 W 39th, KC Mo</b><br>Signed <b>M. Olander</b> Date <b>2/17/78</b><br>Authorized representative |  |                                  |   |

T 21 S R 16 E Sec 8 NE SE NW

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

Form WWC-5