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

	County	Fraction		Section number		Township number	Range number	
1. Location of well:	Coffey	NE 1/4 NW1/4NE	1/4	<	3	T 21 s	R 16	(P) W
2. Distance and direction from negrest town or city: 15 \(\) 3.5 \(\) 6 \(\) New Straw N						Wolf Creek GEN. Plant		
4. Locate with "X" in sectian below: Sketch mop:						6. Bore hole dia. 3 in. Completian date Well depth 120 ft.		
NW	XI NE I I SE I					7Cable taolXRotary Hollow rod Jetted 8. Use: Domestic Pu Irrigation Ai Lawn Oi 9. Casing: Material Threaded Welded RMP PVCX Dia 75 in. to 122ft. depi	Driven Dug Bored Reve Blic supply In r canditioning St I field water X Height: Above or Surface Surface	erse rotary dustry ack other
5. Type and color of	material			From	То	Dia in. to ft. dept 10. Screen: Manufacturer's n	h gage No	
B-12						Type	_ Dio _ Length ft. and nd ge of moterial	ft
3 3/4" PVC Pipe						ft. below land surf		./ ddy/ yi .
1 34 Each Filled With Grout						12. Pumping level below land		_ g.p.m.
						ft. after hrs. pumping g.p.m. Estimated maximum yield g.p.m.		
1 120' " " "						13. Water sample submitted: Yes X No [./day/yr.
Grout Filled with 1:1 sand						14. Well head completion: After plugging Pitless adapter Inches above grade 15. Well grauted? YES With: Neat cement Bentonite 1:1 Concrete Depth: From 120 ft. to 3 ft.		
cement							7.	
1/2"	Pipe extende	ed full dept	h –			16. Nearest source of possible ft Direction Well disinfected upon comple 17. Pump:	Туре	
grout	pumped to s	surface				Manufacturer's name Model number Length of drop pipe Type: Submersible	_ HP Vo	_g.p.m. <
	(Use a second s	theet if needed)				Jet Centrifugal		ocating 5
18. Elevation: Topography: Hill Slope Upland	19. Remarks: PIEZOME			ı	1	20. Water well contractor's of This well was drilled under my is true to the best of my know Layne-Western C Business name 1010 W. 39 Address Authorized repi	ertification: / jurisdiction and thi ledge and belief. O., Inc. Oth, K. C.,	102
Forward the white, blu	ue ond pink copies to the Department	of Health and Environment				Authorized Teps	Form WV	VC-5 P