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 SE 1/4 NW 1/4 SE 1/4	Section number 8	Township number T 21 S	Range number R 16 (E)/W

2. Distance and direction from nearest town or city:
3 1/2 E & 2 S of NEW STRAWN
Street address of well location if in city:

3. Owner of well: KCP&L, KG&E
R.R. or street:
City, state, zip code: Wolf Creek Gen Plant

4. Locate with "X" in section below: Sketch map:

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        N
    |-------|-------|
    |X NW   |  NE   |
W   |-------|-------|   E
    |  SW   |  SE   |
    |-------|-------|
        S
    |---- 1 Mile ----|
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6. Bore hole dia. 3 in. Completion date _____
Well depth 20 ft. Nov. 22, 77

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water X Other #17

9. Casing: Material _____ Height: Above or (below)
Threaded _____ Welded _____ Surface 24 in.
RMP _____ PVC _____ Weight _____ lbs./ft.
Dia. 15 in. to 20 ft. depth Wall Thickness: inches or
Dia. _____ in. to _____ ft. depth gage No. _____

5. Type and color of material	From	To
P-32		
3 3/4" PVC Pipes		
3' Each pipe grouted full		
10' " " " "		
20' " " " "		
Grout filled with 1:1 sand cement		
1/2" pipe extended full depth		
grout pumped to surface		
(Use a second sheet if needed)		

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 _____

11. Static water level: N/A   mo./day/yr.
_____ ft. below land surface Date _____

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.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date _____

14. Well head completion: After plugging
__ Pitless adapter _____ Inches above grade

15. Well grouted? X
With: ____ Neat cement ____ Bentonite ____ Concrete
Depth: From _____ ft. to _____ ft.

16. Nearest source of possible contamination: None
ft. _____ Direction _____ Type _____
Well disinfected upon completion? _____ Yes _____ No

17. Pump: X Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
__ Submersible   __ Turbine
__ Jet   __ Reciprocating
__ Centrifugal   __ Other

18. Elevation:	19. Remarks: PIEZOMETER
Topography:	
__ Hill	
X Slope	
__ Upland	
__ Valley	

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 Company, Inc. 102
Business name   License No.
1010 W. 39th K.C. Mo. 64111
Address
Signed _____ Date 1/20/78
Authorized representative

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

Form WWC-5

T 21 R 16 E/W Sec 8 SE NW SE 1/4 1/4 1/4

MI-1023