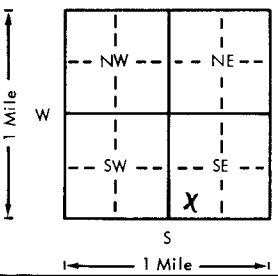


# PLUGGING REPORT

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>SE 1/4 SW 1/4 SE 1/4</b> | Section number<br><b>12</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><b>2 S 7.5 E of New Strawn</b><br>Street address of well location if in city:   |                                   |   | 3. Owner of well: <b>KG &amp; E, KC PEL</b><br>R.R. or street:<br>City, state, zip code: <b>Wolf Creek GEN. Plant</b>   |                                  |  |
| 4. Locate with "X" in section below:<br>N<br>W<br>E<br>S<br>1 Mile<br>Sketch map:<br>                 |                                   |   | 6. Bore hole dia. <b>3</b> in. Completion date<br>Well depth <b>8</b> ft. <b>Nov. 16, 77</b>  |                                  |  |
|   |                                   |   | 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  |                                  |  |
|   |                                   |   | 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>  |                                  |  |
|   |                                   |   | 9. Casing: Material <input type="checkbox"/> Height: Above or below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>6" to 1'</b> in.<br>RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.<br>Dia. <b>1.5</b> in. to <b>8</b> ft. depth Wall Thickness: inches or<br>Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>N/A</b> |                                  |  |
| 5. Type and color of material   |                                   |   | From  | To                               | 10. Screen: Manufacturer's name <b>N/A</b>   |
| <b>LK 3C</b>  |                                   |   |   |                                  | Type <input type="checkbox"/> Dia. <input type="checkbox"/>  |
| <b>1 3/4" PVC Pipe</b>  |                                   |   |   |                                  | Slot/gauze <input checked="" type="checkbox"/> Length <input type="checkbox"/>   |
| <b>8"</b>   |                                   |   |   |                                  | Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft.<br><input type="checkbox"/> ft. and <input type="checkbox"/> ft.   |
|   |                                   |   |   |                                  | Gravel pack? <input type="checkbox"/> Size range of material <input type="checkbox"/>  |
|   |                                   |   |   |                                  | 11. Static water level: <b>N/A</b> mo./day/yr.<br><input type="checkbox"/> ft. below land surface Date <input type="checkbox"/>  |
|   |                                   |   |   |                                  | 12. Pumping level below land surfaces:<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br><input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.<br>Estimated maximum yield <input type="checkbox"/> g.p.m.  |
| <b>Grout filled with 1:1 sand cement</b>  |                                   |   |   |                                  | 13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>  |
|   |                                   |   |   |                                  | 14. Well head completion: <b>After plugging</b><br><input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade below  |
| <b>1/2" pipe extended Full depth-</b>   |                                   |   |   |                                  | 15. Well grouted? <b>YES</b><br>With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <b>1:1</b> Concrete<br>Depth: From <b>8</b> ft. to <b>0</b> ft.  |
| <b>grout pumped to surface</b>  |                                   |   |   |                                  | 16. Nearest source of possible contamination: <b>None</b><br>fr. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   |                                   |   |   |                                  | 17. Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name <input type="checkbox"/><br>Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/><br>Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |
| (Use a second sheet if needed)  |                                   |   |   |                                  |  |
| 18. Elevation:<br><br>Topography:<br><input type="checkbox"/> Hill<br><input checked="" type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input type="checkbox"/> Valley | 19. Remarks:<br><b>PIEZOMETER</b> |   | 20. Water well contractor's certification:<br>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., Inc. 102</b><br>Business name License No.<br>Address <b>1010 W. 39th, K. C., Mo.</b><br>Signed <b>C. M. Mader</b> Date <b>1/5/78</b><br>Authorized representative  |                                  |  |

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

Form WWC-5