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	Y NE 1/4 NE 1/4 NW/4		Section number		Township nu	Township number		
1. Location of well:	Coffex					T 2	2 s	R 16	€ }₩
2. Distance and direct 7.5 E. F. Street oddress of well	ction from nearest town or city: 25 of New Straw location if in city:	UN)	K.K. OF	sireer:			Charle		Di a
4. Locate with "X" i	n section below:	Sketch map:	City, sto	ate, zip	code:			Completion date	
N X	····							Driven Du	
	NE					1		Bored Re	
w I	E E						rrigation A	ublic supply	Stock
- sw	SE						O	Height: Above a	Other # /9
						Threaded	_ Welded	iSurface <u>6"-</u>	in.
S 1 Mi								Weight th!Wall Thickness:	
5. Type and color of				From	То	Dia in.	to ft. dep	th gage No	
1 K - 2			-					name	
Piezometer filled						Type			
1 1670	meier tillea						ft. c	ft. and	ft.
2/	/.11 5:							nge of material	(1)
2 3/	4" PVC Pip	il.					ter level: // below land sur		no./day/yr.
		11 1 0					level below land	d surfaces: nrs. pumping	q.p.m.
1 95	Each fu	led with G	rout	-		ft. c	afterl	nrs. pumping	g.p.m.
1 22	1 11 11	11	"				nple submitted:		g.p.m.
Grant	Gilled with	lil sand				Yes	No No	tter plugg	my
0000	+	NT SUNO						Inches abov	
ceme	n!				<u></u>	15. Well grou With:N	eat cement	Bentonite /	Concrete
i./ JI	. 1 1 1	C : 1 L				Depth: From _	95_ ft. to		1000
1/2" pipe extended full depth-					<u> </u>	16. Nearest source of possible contamination: None ft Direction Type			
grout	pumpedto sur	tace '				Well disinfec	ted upon comple	Yes Not installed	No
7	•					Manufacturer			
						Model number Length of drop		HP V ft. capacity	/olts
						Type:	rsible	Turbi	ine
	(Use a second	sheet if needed)				Jet Centri			procating
18. Elevation:	19. Remarks:					1	ell contractor's		
	PIEZOME	TER				1		y jurisdiction and the rledge and belief.	
Topography: Hill		-				Layne-W Business name	estern C		102
Slope							10 W. 39	th, K. C.	
Uplond Valley						Signed —	Authorized rep	resentative Date	_e 1/3//8
orward the white, blu	ue and pink copies to the Department	of Health and Environment						Form W	∕WC- 5