

# 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 <b>Coffey</b>	Fraction <b>NE 1/4 SW 1/4 NE 1/4</b>	Section number <b>30</b>	Township number <b>T 21 S</b>	Range number <b>R 16 E</b>
2. Distance and direction from nearest town or city: <b>2 3/4 E OF BURLINGTON</b> Street address of well location if in city:				3. Owner of well: <b>KGE, KCP, L</b> R.R. or street: <b>Wolf Creek Gen. Plant</b> City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile				6. Bore hole dia. <b>3</b> in. Completion date <b>11/6/78</b> Well depth <b>98.5</b> ft.		
				7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other <b>#19</b>		
5. Type and color of material				9. Casing: Material _____ Height: Above or below <input checked="" type="checkbox"/> <b>24</b> in. Threaded _____ Welded _____ Surface _____ RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>7.5</b> in. to <b>98.5</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
<b>LK 7</b>  <b>2 3/4" PVC PIPE</b>  <b>1 98.5' EACH FILLED WITH GROUT</b> <b>1 11.1' " " " "</b>  <b>1/2" PIPE EXTENDED FULL DEPTH</b> <b>GROUT PUMPED TO SURFACE</b>  <b>GROUT MIX LI SAND CEMENT</b>				10. Screen: Manufacturer's name <b>N/A</b> Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. Set between _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
(Use a second sheet if needed)				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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
18. Elevation:				14. Well head completion: <b>After Plugging</b> <input type="checkbox"/> Pitless adapter _____ inches above grade		
19. Remarks: <b>PIEZOMETER</b>				15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				16. Nearest source of possible contamination: <b>None</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
				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. <b>Layne Western Co 102</b> Business name License No. Address <b>1010 W 34th KC MO</b> Signed <b>C. Allen</b> Date <b>11/6/78</b> Authorized representative		

T 21 S  
 R 16 E  
 Sec 30  
 NE SW NE

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

Form WWC-5