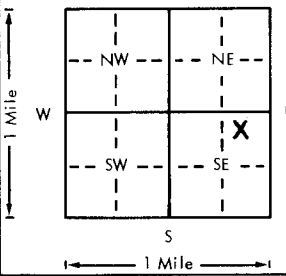


# PLUGGING REPORT

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 820-1201-1215

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>NW 1/4 NE 1/4 SE 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>3 E &amp; 5.5 S of New Strawn</b> Street address of well location if in city:			3. Owner of well: <b>KG &amp; E, KC PEL</b> R.R. or street: City, state, zip code: <b>Wolf Creek GEN. Plant</b>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>3</b> in. Completion date Well depth <b>24</b> ft. <b>Nov. 22, 77</b>	
5. Type and color of material		From		To	
		LK 8			
1 3/4" PVC pipe					
24'					
Grout filled with 1:1 sand cement					
1/2" pipe extended full depth - grout pumped to surface.					
				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>A</b>	
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>6"-1"</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>2.5</b> in. to <b>2.9</b> in. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
				10. Screen: Manufacturer's name <b>N/A</b> Type _____ Dia. _____ Slot/gauze <input checked="" type="checkbox"/> Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
				11. Static water level: <b>N/A</b> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <b>After plugging</b> <input type="checkbox"/> Pitless adapter _____ inches above grade	
				15. Well grouted? <b>YES</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <b>1:1 Concrete</b> Depth: From <b>24</b> ft. to <b>0</b> ft.	
				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	
		(Use a second sheet if needed)			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>PIEZOMETER</b>			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., Inc. 102</b> Business name License No. Address <b>1010 W. 39th, K. C., MO.</b> Signed <b>C. Allen</b> Date <b>1/5/78</b> Authorized representative	

T 21 S R 16 E W 30 NW 1/4 NE 1/4 SE

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

Form WWC-5