

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

Plugging Report

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 Marion		Fraction 1/4 1/4 1/4		Section number 4	Township number T 29 S	Range number R 3 E/W
2. Distance and direction from nearest town or city: In Peabody				3. Owner of well: Kansas - state of State Office Bldg.		
Street address of well location if in city:				R.R. or street: Topeka Kan		
City, state, zip code:				6. Bore hole dia. 5 in. Completion date _____		
4. Locate with "X" in section below: Sketch map:				Well depth _____ ft.		
				7. <input type="checkbox"/> Cable tool <input 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		
5. Type and color of material				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry		
<p>The well was twenty (20) feet deep and was dry. We rodDED the well and found the bottom to be solid. The entire casing was filled with concrete.</p>				<input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock		
				<input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
From				9. Casing: Material _____ Height: Above or below		
To				Threaded _____ Welded _____ Surface _____ in.		
				RMP _____ PVC _____ Weight _____ lbs./ft.		
				Dia. _____ in. to _____ ft. depth Wall Thickness: inches or		
				Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name _____		
				Type _____ Dia. _____		
				Slot/gauze _____ Length _____		
				Set between _____ ft. and _____ ft.		
				_____ ft. and _____ ft.		
				Gravel pack? _____ Size range of material _____		
				11. Static water level: None 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 _____ No _____ Date _____		
				14. Well head completion:		
				_____ Pitless adapter _____ Inches above grade		
				15. Well grouted? No		
				With: _____ Neat cement _____ Bentonite _____ Concrete		
				Depth: From _____ ft. to _____ ft.		
				16. Nearest source of possible contamination:		
				ft. _____ Direction _____ Type _____		
				Well disinfected upon completion? _____ Yes _____ No		
				17. Pump: _____ 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)				20. Water well contractor's certification:		
18. Elevation:				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
19. Remarks: Water well was obtained when right of way was bought for Highway 50. There are no detailed completion records known to Kansas Dept. of Transportation.				Business name _____ License No. _____		
Topography: _____ Hill				Address _____ DOT		
_____ Slope				Signed _____ Date _____		
_____ Upland				Authorized representative		
_____ Valley						

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

Form WWC-5