

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 <b>Labette</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>27 Sec</b>	Township number <b>T 34</b>	Range number <b>S R 19</b>	<b>E/W</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:	<b>3 miles east of Edna</b>		3. Owner of well: <b>KS Dept. of Transportation</b> R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: N 1 Mile W E S 1 Mile			Sketch map: <b>Sta. 334+56 (34 ft. Lt. E) Proj. 166-50 F BRF-010-2 (35)</b>		6. Bore hole dia. <b>10</b> in. Completion date _____ Well depth <b>70</b> ft.	
5. Type and color of material			From		To	
			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			
			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 type="checkbox"/> Other			
			9. Casing: Material <b>Clay tile</b> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>8</b> 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? <input type="checkbox"/> Size range of material _____			
			11. Static water level: _____ mo./day/yr. <b>3</b> ft. below land surface Date <b>5/11/79</b>			
			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 type="checkbox"/> No Date _____			
			14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade			
			15. Well grouted? <input type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.			
			16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			17. Pump: <input 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 type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <b>Plugged 5/11/79 by filling with concrete to a point 3 ft. below surface. Casing cut off at this point. (Used 1.5 Cu. Yds. Concrete)</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.  Business name _____ License No. _____ Address _____ Signed _____ Date _____ Authorized representative			

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

Form WWC-5