

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 Ellis	Fraction NE 1/4 SE 1/4 1/4	Section number 28	Township number T 15 S	Range number R 18W E/W																				
2. Distance and direction from nearest town or city: Street address of well location if in city:		4,620 feet NE of Schoenchen, KS		3. Owner of well: City of Hays R.R. or street: 16th & Main City, state, zip code: Hays, KS 67601																					
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. _____ in. Completion date _____ 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																						
			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																						
5. Type and color of material			9. Casing: Material _____ Height: Above or below 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. _____																						
<p>S-12 was plugged as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">From</th> <th style="width: 40%;">To</th> </tr> </thead> <tbody> <tr> <td>Ready-Mix Concrete (0' = grounded level)</td> <td>0' 20'</td> </tr> <tr> <td>Filled with disinfected natural sand</td> <td>20' 53'</td> </tr> <tr> <td colspan="2">The casing rather than being cut off at three feet below ground level, extends up inside the well house. Using an off set well</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p style="text-align: center;">(Use a second sheet if needed)</p>			From	To	Ready-Mix Concrete (0' = grounded level)	0' 20'	Filled with disinfected natural sand	20' 53'	The casing rather than being cut off at three feet below ground level, extends up inside the well house. Using an off set well														10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
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11. Static water level: _____ 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 type="checkbox"/> No Date _____																									
14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade																									
15. Well grouted? _____ 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: _____ 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																									
18. Elevation:			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. <i>City of Hays</i> Business name _____ License No. _____ Address: <i>16th & Main</i> Signed: <i>Juan Diebel</i> Date: <i>12/27/99</i> Authorized representative																						
19. Remarks: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley			<div style="position: absolute; right: -50px; top: 50%; transform: translateY(-50%); font-size: 2em; font-weight: bold;"> T 15 S R 18W E 28 NESE 1/4 1/4 1/4 </div>																						

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

Form WWC-5