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

WATER WELL RECORD **PLUGGING REPORT**
KSA 82o-1201-1215

Kansas Department of Health and
Environment–Division of Environment
(Water well Contractors)
Topeko, Kansas 66620

1. Location of well:

County	Froction	Section number	Township number	Range number
Sumner	SE 1/4 SE 1/4 SE 1/4	5	T · 30 S	R 4 X/W

2. Distance and direction from nearest town or city:
West Edge of Suppesville
Street address of well location if in city:

3. Owner of well: Kansas Dept. of Transportation
R.R. or street: State Office Building
City, state, zip code: Topeka, Kansas 66612

4. Locate with "X" in section below: Sketch map:

N
```
  -- NW --  -- NE --
W              E
  -- SW --  -- SE --
             X
       S
|------ 1 Mile ------|
```
1 Mile

145 Feet from east line
144 Feet from south line

5. Type ond color of material

	From	To
Cement Grout	3.0	31.4
From groundline to 3.0 feet the backfill		
material is sandy silty clay		

(Use a second sheet if needed)

6. Bore hole dia. _____ in. Completion date _____
Well depth 31.4 ft.

7. __ Cable tool __ Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic X Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Steel Height: XXXX below
Threoded _____ Welded _____ Surface 36 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: mo./day/yr.
27.6 ft. below land surface Date 3-25-82

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? Yes
With: X Neat cement _____ Bentonite _____ Concrete
Depth: From 3.0 ft. to 31.4 ft.

16. Nearest source of possible contamination:
ft. 250 Direction west Type privy
Well disinfected upon completion? _____ Yes _____ No

17. Pump: _____ Not installed
Manufacturer's nome _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation: 1466.0
Topography:
___ Hill
X Slope
___ Upland
___ Valley

19. Remarks:

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.
Ks. Dept. of Transportation
Business name   License No.
Address Topeka, Ks.
Signed _____ Date 3./29/82
Authorized representative

30S
T
—
R 4 W
—
Sec 5
—
1/4 SE 1/4 SE 1/4 SE

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

Form WWC-5

M1-1023