	LL PLUGGING RECORD	FORM WWC-5P	KSA 82a-1212	
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Gove	SW 1/4 SE 1/4 N	IE 1/4 11	11	27 W
Distance and direction from nearest town or city street address of well if located within city?				
bistarios and direction nominated term of only direct address of month resided minimately.				
2 WATER WELL OWNER: Elme	r Zerr Engineering			
	E 4 th St	Board	of Agriculture, Division	of Water Resources
	y, KS 67701		ation Number:	01 114(01 1100041000
City, State, ZIP Code : Colb	AN AN	Дррпос	allott Nutriber.	
3 "X" IN SECTION BOX:	4 DEPTH OF WELL	75 ft.		
N		EVEL 75(dry) ft.		
· · · · · · · · · · · · · · · · · · ·	WELL'S STATIC WATER L	EVEL 17 (a) y) ft.		
	WELL WAS USED AS:			
NW NE	WELL WAS USED AS:			
	1 Domestic	5 Public Water Supply	9 Dewaterin	a
		6 Oil Field Water Supply	10 Monitoring	_
W	E 2 Irrigation 3 Feedlot	7 Lawn and Garden (domestic		
	4 Industrial	8		
SW SE				
		sample submitted to Department		lo X
	lf yes, mo/day/yr sample was su	ıbmitted		
Water Well Disinfected: Yes X No				
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR)		iberglass 9 Other (s	agaifu balaw)	
2 PVC 4 ABC		• , ,	• •	
Blank casing diameter 4.5 in. Was casing pulled? Yes No x If yes, how much				
Casing height above or below land surface -36 in.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals From 3 ft. to 75 ft. From ft. to ft. From ft. to ft.				
What is the nearest source of pos	sible contamination:			
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify be	elow)
2 Sewer lines		12 Fertilizer storage		•
3 Watertight sewer lines	' '	13 Insecticide storage		
4 Lateral lines		14 Abandoned water well		
	,			
5 Cess Pool	10 Livestock pens	15 Oil well/ Gas well		
Direction from well? How many feet?				
FROM TO CODE	PLUGGING MATI	ERIALS		
0 3 Na	tive clay			
3 75 Be	ntonite grout			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/yr) 3-3-10 and this record is true to the best of my knowledge and belief. Kansas				
Water Well Contractor's Lic		/	•	, , , ,
	under the business name o	of Wood	iter Pump & Well In	C.
by (signature)				
INSTRUCTIONS: Please fil	I in blanks and circle the correct	ct answers. Send three con	es to Kansas Departm	nent of Health and
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and				
retain one for your records.				