WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Logan	SW 1/4 SW 1/4 SW 1/4	SW 1/4 31	11	32

Distance and direction from nearest town or city street address of well if located within city?
4 W & 5 So of Oakley

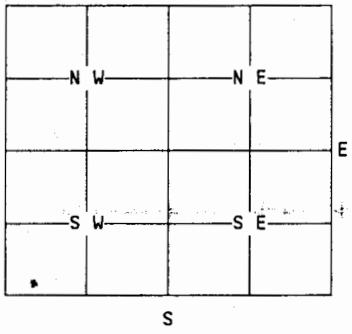
2 WATER WELL OWNER: William D. & Louella M. Zerr

RR#, St. Address, Box #: 2517 County Rd 400
City, State, ZIP Code : Oakley KS 67748

Board of Agriculture, Division of Water Resources
Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N
N W N E
W E
S W S E
S



4 DEPTH OF WELL.....ft. 123

WELL'S STATIC WATER LEVEL.....ft. 65

WELL WAS USED AS:

1 Domestic
(2) Irrigation
3 Feedlot
4 Industrial
5 Public Water Supply
6 Oil Field Water Supply
7 Lawn and Garden Only
8 Air Conditioning
9 Dewatering
10 Monitoring Well
11 Injection Well
12 Other.....

Was a chemical/bacteriological sample submitted to Department? Yes....No. X..
If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes. X... No.....

5 TYPE OF BLANK CASING USED:

1 Steel
(2) PVC
3 RMP (SR)
4 ABS
5 Wrought
6 Asbestos-Cement
7 Fiberglass
8 Concrete Tile
9 Other (specify below) .....

Blank casing diameter..18.....in. Was casing pulled? Yes..... No. X... If yes, how much.....
Casing height above or below land surface..6'...below.in

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other..Cement.....

Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to .....ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess Pool
6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
(10) Livestock pens
11 Fuel storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well
16 Other (specify below) .....

Direction from well? ..North West.. How many feet? ....2600.....

FROM	TO	PLUGGING MATERIALS
120'	65	05 Sand & chlor
65'	63'	01 Bentonite Plug
63'	3'	03 Clay Dirt
7'	5'	28 Cement Cap

RECEIVED
APR 26 2004
BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-20-04..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of .....
by (signature) William D. Zerr Louella M. Zerr.....

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top 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.