

WATER WELL PLUGGING RECORD Form WWC-5P
KSA 82a-1212
ID NO.
20967 & 22453

| 1 LOCATION OF WATER WELL: County: McPherson Fraction $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$ Section Number 6 Township Number T 21 S Range Number 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W | Global Positioning Systems (GPS) information: Latitude: 38.24856 (in decimal degrees) Longitude: -97.68899 (in decimal degrees) Elevation: Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input checked="" type="checkbox"/> NAD27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: Garmin GPSmap 60CSx) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 WATER WELL OWNER: Delmar Ensiz RR#, St. Address, Box #: 1151 Chisholm Road City, State ZIP Code: Inman, KS 67546 | 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 DEPTH OF WELL <u>215</u> ft. WELL'S STATIC WATER LEVEL <u>58.7</u> ft WELL WAS USED AS: <input checked="" type="checkbox"/> Domestic <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 5 TYPE OF BLANK CASING USED: <input type="checkbox"/> Steel <input type="checkbox"/> RMP (SR) <input type="checkbox"/> Wrought <input type="checkbox"/> Fiberglass <input type="checkbox"/> PVC <input type="checkbox"/> ABS <input checked="" type="checkbox"/> Asbestos-Cement <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Other (Specify below) _____ Blank casing diameter <u>16</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface <u>below 60</u> in. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Grout Plug Intervals: From <u>58.7</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Seepage pit <input type="checkbox"/> Fuel storage <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Sewer lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Fertilizer storage _____ <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Insecticide storage _____ <input type="checkbox"/> Lateral lines <input type="checkbox"/> Feedyard <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Direction from well? <u>west</u> <input type="checkbox"/> Cess pool <input checked="" type="checkbox"/> Livestock pens <input type="checkbox"/> Oil well/Gas well <input type="checkbox"/> How many feet? <u>approximately 70 feet</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> <th>FROM</th> <th>TO</th> <th>PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>215</td> <td>58.7</td> <td>Clean, coarse sand</td> <td></td> <td></td> <td>Well plugging witnessed by</td> </tr> <tr> <td>58.7</td> <td>5</td> <td>Cement grout</td> <td></td> <td></td> <td>D. Randolph, GMD2 staff,</td> </tr> <tr> <td>5</td> <td>0</td> <td>Topsoil</td> <td></td> <td></td> <td>on 11/7/2016.</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS | 215 | 58.7 | Clean, coarse sand | | | Well plugging witnessed by | 58.7 | 5 | Cement grout | | | D. Randolph, GMD2 staff, | 5 | 0 | Topsoil | | | on 11/7/2016. | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/7/2016</u> 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) <u>11/8/2016</u> under the business name of _____ by (signature) <u>Delmar Ensiz</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Send a copy of this record to the Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.

Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

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