

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212

ID NO.

31696

1 LOCATION OF WATER WELL: County: McPherson	Fraction 1/4 NW 1/4 SE 1/4 NW 1/4	Section Number 35	Township Number T 21 S	Range Number 4 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐ Approximately 2.75 miles south and 1.5 miles east of Inman, KS

Global Positioning Systems (GPS) information:
 Latitude: 38.18452 (in decimal degrees)
 Longitude: -97.73154 (in decimal degrees)
 Elevation: _____
 Datum: ☐ WGS84, ☐ NAD83, ☒ NAD27
 Collection Method:
☒ GPS unit (Make/Model: Garmin GPSmap 60CSx)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
 Est. Accuracy: ☐ < 3 m, ☒ 3-5 m, ☐ 5-15 m, ☐ > 15 m

2 WATER WELL OWNER: David K. Balzer RR#, St. Address, Box #: 1045 Arapaho 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>
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4 DEPTH OF WELL 168 **ft.**
 WELL'S STATIC WATER LEVEL 52 **ft**
 WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

 Was a chemical/bacteriological sample submitted to Department? Yes ☐ No ☒

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"/> Other (Specify below) _____
<input type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input checked="" type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

 Blank casing diameter 16 in. Was casing pulled? Yes ☐ No ☒ If yes, how much _____
 Casing height above or below land surface below 36 in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☒ Cement grout ☐ Bentonite ☐ Other _____
 Grout Plug Intervals: From 52 ft. to 3 ft., From _____ ft. to _____ ft., From _____ to _____ ft.
 What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input checked="" 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"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	

 Direction from well? Northeast
 How many feet? 61 ft.

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
168	122	Formation Sand (casing collapsed)			Well plugging witnessed by
122	52	Clean, Course Sand			D. Randolph, GMD2 staff, on
52	3	Cement Grout			10-4-2011 and 10-6-2011
3	0	Topsoil			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-6-2011 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) 10-14-2011 under the business name of David A. Balzer Trust / Paul B. Balzer Trust by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.

RECEIVED

NOV 14 2011

BUREAU OF WATER

RECEIVED

OCT 21 2011

Equus Beds Groundwater Management District No. 1

Check one: ☐ White Copy ☐ Blue Copy ☐ Pink Copy