

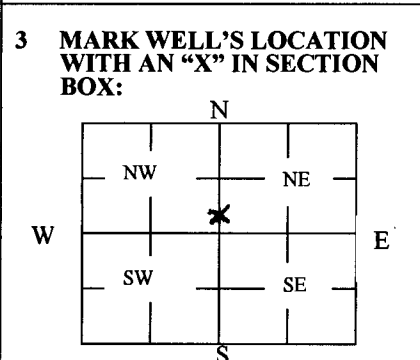
1 LOCATION OF WATER WELL: Fraction SE 1/4 1/4 1/4 1/4 Section Number 15 Township Number T 27 S Range Number 8 E W
 County: Kingman

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: Bernita Kinsler Trust
 RR#, St. Address, Box #: Box 326
 City, State ZIP Code: Kingman, KS 66402

GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 46 ft.
 WELL'S STATIC WATER LEVEL 16 1/2 ft.
 WELL WAS USED AS:
 Domestic Irrigation
 Feedlot
 Industrial
 Public Water Supply
 Oil Field Water Supply
 Domestic (Lawn & Garden)
 Air Conditioning
 Dewatering
 Monitoring
 Injection Well
 Other _____

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

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 14 in. Was casing pulled? Yes No If yes, how much Cutoff 6' below surface

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 46 ft. to 13 ft., From 13 ft. to 6 ft., From _____ to _____ ft.

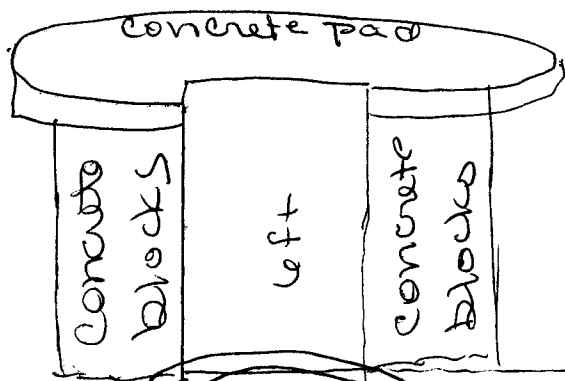
What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel Storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage
 Watertight sewer lines Sewage lagoon Insecticide storage
 Lateral lines Feedyard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
46	13	33' chblinated sand			This casing was surrounded by cement blocks from above surface to 6 ft down - Had to break concrete to access casing & then dispose of concrete.
13	6	Bentonite			
6	0	Casing removed			

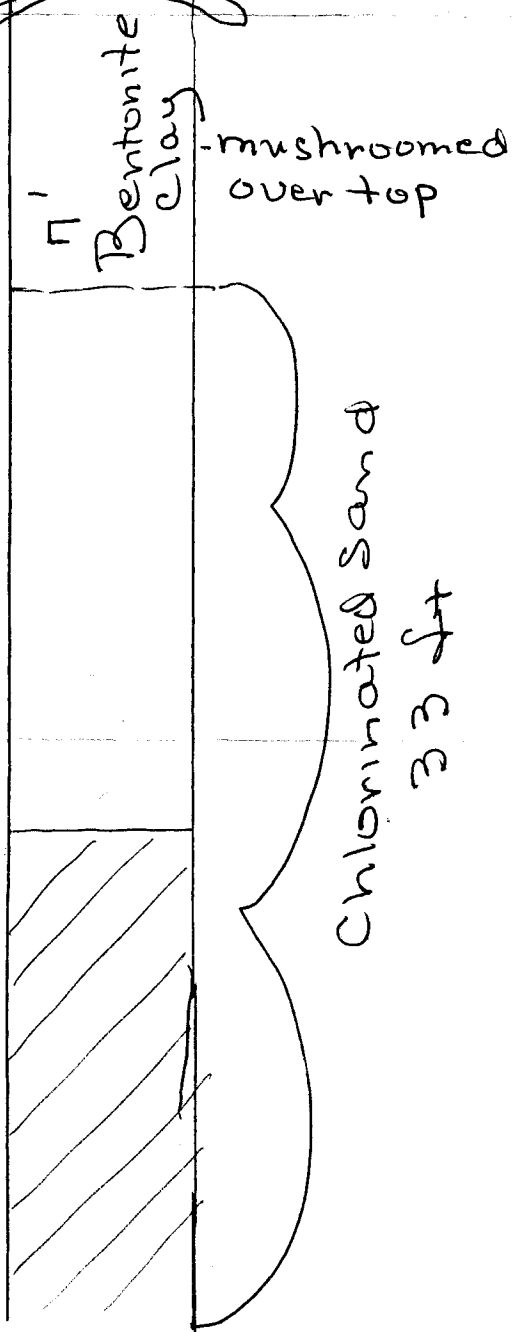
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 4-14-15 under the business name of _____ by (signature) Roy Kinsler Trust

INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send one copy 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>.

46 ft



Cut off here



RECEIVED

MAY 07 2015

KS GEO SURVEY