

1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction <u>SW 1/4 NW 1/4 SW 1/4 NE 1/4</u>	Section Number <u>17</u>	Township Number <u>13 S</u>	Range Number <u>2</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

550 N. Washington, Abilene

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

2 WATER WELL OWNER: GPI Interim Inc. RR#, St. Address, Box # <u>33 Commercial St.</u> City, State ZIP Code <u>Foxboro, MA 02035</u>	3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL: <u>33</u> ft. WELL'S STATIC WATER LEVEL: _____ ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial </div> <div> <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Old Field Water Supply <input type="checkbox"/> Domestic (Lawn/Garden) <input type="checkbox"/> Air Conditioning </div> <div> <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Injection Well <input type="checkbox"/> Other _____ </div> </div> Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5 TYPE OF BLANK CASING USED:

☐ Steel
☒ PVC

☐ RMP (SR)
☐ ABS

☐ Wrought
☐ Asbestos/Cement

☐ Fiberglass
☐ Concrete Tile

☐ Other: _____

 Blank casing diameter: 2 in. Was casing pulled? ☒ Yes ☐ No If Yes, how much 3'
 Casing height above or below land surface: _____ in.

6 GROUT PLUG MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other: _____
 Grout Plug Intervals: From 3 ft. To 33 ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft.
 What is the nearest source of possible contamination:

☐ Septic tank
☐ Sewer lines
☐ Watertight sewer lines
☐ Lateral lines
☐ Cess pool

☐ Seepage pit
☐ Pit privy
☐ Sewage lagoon
☐ Feedyard
☐ Livestock pens

☐ Fuel storage
☐ Fertilizer storage
☐ Insecticide storage
☐ Abandoned water well
☐ Oil well/Gas well

☐ Other (specify below): _____
 Direction from well: _____
 How many feet: _____

FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL
0	3	Native soil (8")			
3	33	Bentonite (2")			
					MW7

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/27/2013 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/year) 10/25/2013 under the business name of GeoCore Inc. 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 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>.