BORING LOG

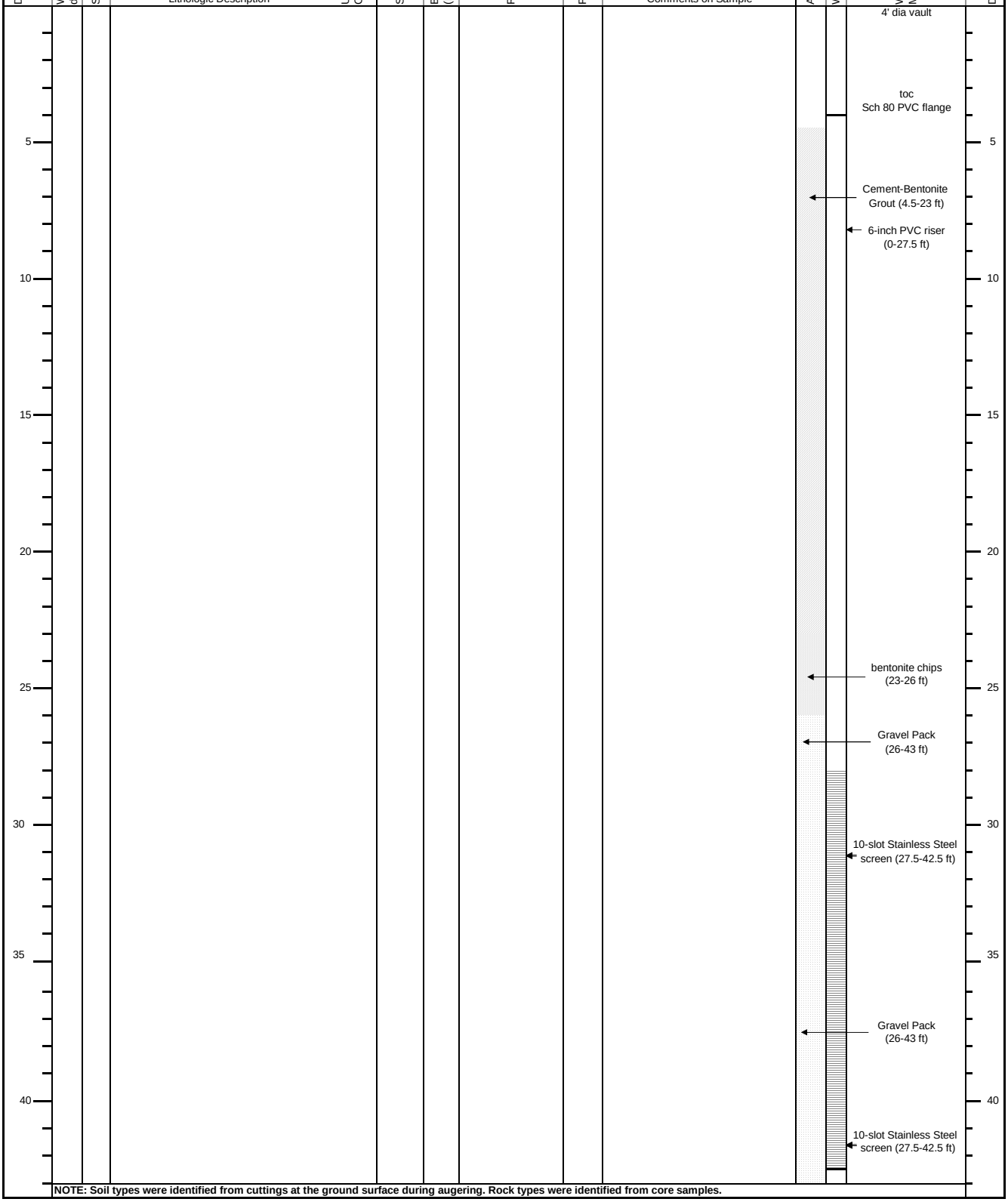
GeoSyntec Consultants pg 1/2

Boring Name I-2

Project No.	BR0097A	Geologist	C. Ross and C. Sullivan	Top of Vault Elev	1167.05 (NAD83) ft
Client	Invensys	Drilling Method	Hollow-stem auger	Top of Casing	1162.99 (NAD83) ft
Project Name	Invensys Kansas	Borehole Dia.	13" OD HSA	Well Diameter	6 in
Location	Abilene, Kansas	Northing	38.922091 N	Depth to Water	ft
Drilling Co.	Geocore	Easting	97.234720 W	Date	4/28/2004
Completion	4/28/2004	Kansas St. Plane	N215294.9', E1530004.6'		

Checked By: cre

Depth (ft)	Water Level during drilling	Stratigraphy	Lithologic Description	USCS Classification	Sample ID	Blow Count (blows/6-inch)	Recovery (inch)	PID* (ppm)	Comments on Sample	Annulus	Well	Well & Annulus Materials	Depth (ft)



NOTE: Soil types were identified from cuttings at the ground surface during augering. Rock types were identified from core samples.

WATER WELL PLUGGING RECORD **Form WWC-5** KSA 82a-1212 ID NO. [ ]

1 LOCATION OF WATER WELL: County: Dickinson	Fraction: NW 1/4 NE 1/4 NE 1/4 SW 1/4	Section Number: 17	Township Number: 13 S	Range Number: 2 ☑ E ☐ W

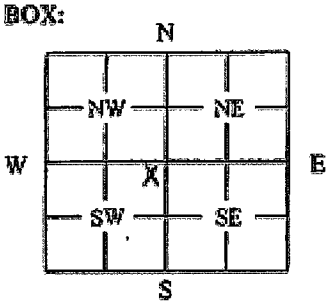
Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

550 N. Washington, Abilene

Global Positioning Systems (GPS) Information:
Latitude: _____ (in decimal degrees)
Longtitude: _____ (in decimal degrees)
Elevation: _____
Datum: ☐ WGS84 ☐ NAD83 ☐ NAD27
Collection Method:
☐ GPS unit Make/Model: _____
☐ Digital Map/Photo ☐ Topographic Map ☐ Land Survey

2 WATER WELL OWNER: GPI Interim Inc.
RR#, St. Address, Box # 33 Commercial St.
City, State ZIP Code Foxboro, MA 02035

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



4

CORRECTION

This well is active, so its status in the KGS database should be changed from plugged to active.

☐ Industrial ☐ Air Conditioning ☐ Other _____

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

Carl R. Elder
Digitally signed by Carl R. Elder
DN: cn=Carl R. Elder, o=Acton, ou=Geosyntec, email=Carl.Elder@geosyntec.com, c=US
Date: 2015.09.24 13:36:58 -04'00'

5 TYPE OF BLANK CASING USED:
☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other: _____
☑ PVC ☐ ABS ☐ Asbestos/Cement ☐ Concrete Tile

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 31 ft. From _____ ft. To _____ ft. From _____ ft. 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 MATERIAL	FROM	TO	PLUGGING MATERIAL
0	3	Native soil (8")			
3	31	Bentonite (2")			
					I-2

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. 527. This Water Well Record was completed on (mo/day/year) 8/14/2013 under the business name of GeoCore Inc. by (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.

WATER WELL PLUGGING RECORD **Form WWC-5** **KSA 82a-1212** **ID NO.** [ ]

1 LOCATION OF WATER WELL: County: Dickinson	Fraction: NW 1/4 NE 1/4 NE 1/4 SW 1/4	Section Number: 17	Township Number: 13 S	Range Number: 2 ☑ E ☐ W

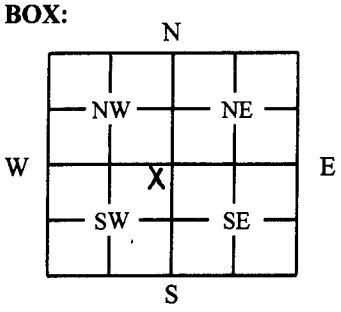
Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here ☐

550 N. Washington, Abilene

Global Positioning Systems (GPS) Information:
Latitude: _____ (in decimal degrees)
Longtitude: _____ (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 # 33 Commercial St.
City, State ZIP Code Foxboro, MA 02035

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



4 **DEPTH OF WELL:** 31 ft.
WELL'S STATIC WATER LEVEL: _____ ft.
WELL WAS USED AS:

☐ Domestic ☐ Public Water Supply ☐ Dewatering
☐ Irrigation ☐ Old Field Water Supply ☐ Monitoring
☐ Feedlot ☐ Domestic (Lawn/Garden) ☑ Injection Well
☐ Industrial ☐ Air Conditioning ☐ Other _____

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

5 **TYPE OF BLANK CASING USED:**
☐ Steel ☐ RMP (SR) ☐ Wrought ☐ Fiberglass ☐ Other:
☑ PVC ☐ ABS ☐ Asbestos/Cement ☐ Concrete Tile
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 31 ft. From _____ ft. To _____ ft. From _____ ft. 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 MATERIAL	FROM	TO	PLUGGING MATERIAL
0	3	Native soil (8")			
3	31	Bentonite (2")			
					I-2

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. 527. This Water Well Record was completed on (mo/day/year) 8/14/2013 under the business name of GeoCore Inc. by (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.