Form WWC-5 WATER WELL PLUGGING RECORD Section Number | Township Number | Range Number 1 LOCATION OF WATER WELL: Fraction \square w NE 1/4 NW 1/4 NE 1/4 SW 1/4 13 S County: Dickinson Street/Rural Address of Well Location; if unknown, distance and Global Positioning Systems (GPS) Information: direction from nearest town or intersection. If at owner's address, _____ (in decimal degrees) Latitude: (in decimal degrees) check here Longtitude: _ Elevation: Datum: ☐ WGS84 ☐ NAD83 ☐ NAD27 550 N. Washington, Abilene Collection Method: 2 WATER WELL OWNER: GPI Interim Inc. ☐ GPS unit Make/Model: 33 Commercial St. RR#, St. Address, Box # ☐ Digital Map/Photo ☐ Topographic Map ☐ Land Survey Foxboro, MA 02035 City, State ZIP Code Est. Accuracy: $\square < 3 \text{ m} \square 3-5 \text{ m} \square 5-15$ 47 MARK WELL'S LOCATION **DEPTH OF WELL:** WITH AN "X" IN SECTION WELL'S STATIC WATER LEVEL: _____ ft. BOX: WELL WAS USED AS: Dewatering Domestic ☐ Public Water Supply NE · ✓ Monitoring Irrigation Old Field Water Supply ☐ Feedlot ☐ Injection Well ☐ Domestic (Lawn/Garden) Ε W ☐ Industrial ☐ Air Conditioning Other SW -SE · ☐ Yes ☑ No Was a chemical/bacteriological sample submitted to Department? TYPE OF BLANK CASING USED: ☐ Fiberglass Other: RMP (SR) ☐ Wrought ☐ Steel Concrete Tile ☐ Asbestos/Cement **✓** PVC \square ABS Yes No If Yes, how much 3' Was casing pulled? in. Blank casing diameter: Casing height above or below land surface: Neat cement ☐ Cement grout ☑ Bentonite ☐ Other: **GROUT PLUG MATERIAL:** Grout Plug Intervals: From 3 ft. To 47 ft. From ft. To ft. From ft. From ft. To ft. What is the nearest source of possible contamination: Other (specify below): ☐ Seepage pit ☐ Fuel storage Septic tank ☐ Pit privy Fertilizer storage Sewer lines ☐ Insecticide storage ☐ Watertight sewer lines ☐ Sewage lagoon Direction from well: ☐ Feedyard Abandoned water well ☐ Lateral lines How many feet: Livestock pens Oil well/Gas well Cess pool FROM PLUGGING MATERIAL PLUGGING MATERIAL TO FROM TO 0 3 Native soil (8") 3 47 Bentonite (2") MW-H 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was 9/27/2013 and this record is true to the best of my knowledge and belief. Kansas Water completed on (mo/day/year) 527. This Water Well Record was completed on (mo/day/year) ___10/25/2013 under the Well Contractor's License No. GeoCore Inc. by (signature) business name of 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.

KSA 82a-1212 ID NO.