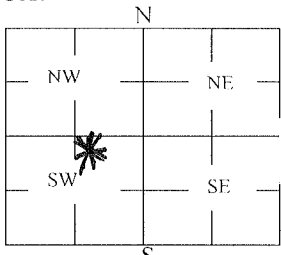


## WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO.

<b>1 LOCATION OF WATER WELL:</b> County: Dickinson	Fraction NE 1/4 NW 1/4 NE 1/4 SW 1/4	Section Number 17	Township Number T 13 S	Range Number 2 <input checked="" type="checkbox"/> E <input type="checkbox"/> W																																										
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 550 N. Washington Street, Abilene, KS		<b>Global Positioning Systems (GPS) information:</b> Latitude: 1529882.90 N (KS State Plane) (in decimal degrees) Longitude: 215316.70 E (KS State Plane) (in decimal degrees) Elevation: 1175.77' Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input checked="" type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m																																												
<b>2 WATER WELL OWNER:</b> GPI Interim RR#, St. Address, Box #: 33 Commercial Street City, State ZIP Code: Foxboro, MA 02035																																														
<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF WELL</b> 40 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"/> Oil Field Water Supply  <input type="checkbox"/> Domestic (Lawn &amp; Garden)  <input type="checkbox"/> Air Conditioning         </div> <div> <input type="checkbox"/> Dewatering  <input type="checkbox"/> Monitoring  <input checked="" type="checkbox"/> Injection Well  <input type="checkbox"/> Other _____         </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																													
<b>5 TYPE OF BLANK CASING USED:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Steel  <input checked="" type="checkbox"/> PVC         </div> <div> <input type="checkbox"/> RMP (SR)  <input type="checkbox"/> ABS         </div> <div> <input type="checkbox"/> Wrought  <input type="checkbox"/> Asbestos-Cement         </div> <div> <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Concrete Tile         </div> <div> <input type="checkbox"/> Other (Specify below) _____         </div> </div> Blank casing diameter 1 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, how much, see below Casing height above or below land surface _____ in.																																														
<b>6 GROUT PLUG MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other soil Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Septic tank  <input type="checkbox"/> Sewer lines  <input type="checkbox"/> Watertight sewer lines  <input type="checkbox"/> Lateral lines  <input type="checkbox"/> Cess pool         </div> <div> <input type="checkbox"/> Seepage pit  <input type="checkbox"/> Pit privy  <input type="checkbox"/> Sewage lagoon  <input type="checkbox"/> Feedyard  <input type="checkbox"/> Livestock pens         </div> <div> <input type="checkbox"/> Fuel Storage  <input type="checkbox"/> Fertilizer storage  <input type="checkbox"/> Insecticide storage  <input type="checkbox"/> Abandoned water well  <input type="checkbox"/> Oil well/Gas well         </div> <div> <input checked="" type="checkbox"/> Other (specify below)          well is on a site being remediated under KDHE       </div> </div> Direction from well? _____ How many feet? _____																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Well was destroyed by farming equipment. Neither casing nor boring can be found.</td> <td></td> <td></td> <td>TIW-C</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS			Well was destroyed by farming equipment. Neither casing nor boring can be found.			TIW-C																														
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under _____ section and was completed on (mo/day/year) unknown and this record is true to the best of my knowledge. Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 11 July 2014 under the business name of Geosyntec Consultants by (signature) Carl E. Reider																																														
<b>INSTRUCTIONS:</b> Use typewriter or ballpoint pen. Please press firmly and print clearly. Please do not leave blanks, underline the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Geology, 900 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Records Section for your records. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> .																																														

