

**WATER WELL PLUGGING RECORD Form WWC-5P**

**KSA 82a-1212 ID NO. 1-3-25**

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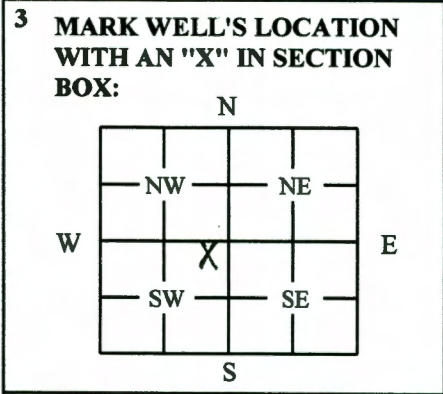
Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here

**663 N. Washington St., Abilene**

**Global Positioning Systems (GPS) Information:**  
 Latitude: **38.921999** (in decimal degrees)  
 Longitude: **-97.234364** (in decimal degrees)  
 Elevation: \_\_\_\_\_  
 Datum:  WGS84  NAD83  NAD27

**2 WATER WELL OWNER:** GPI Interim Inc.  
 RR#, St. Address, Box # **70 Mechanic Street**  
 City, State ZIP Code **Foxboro, MA 02035**

Collection Method:  
 GPS unit Make/Model: **Hand Held**  
 Digital Map/Photo  Topographic Map  Land Survey  
 Est. Accuracy:  <3 m  3-5 m  5-15 m  >15 m



**4 DEPTH OF WELL:** **44** ft.  
 WELL'S STATIC WATER LEVEL: **19.59** ft. BTOC  
 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 **44** 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			
3	44	Bentonite			
					1-3-25

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) **9/16/2021** 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) **9/17/2021** under the business name of **GeoCore, LLC** by (signature) *Dale Roal by GeoCore*.

**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>.