

WATER WELL PLUGGING RECORD Form WWC-5P

KSA 82a-1212 ID NO. MW-26

1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4 SE 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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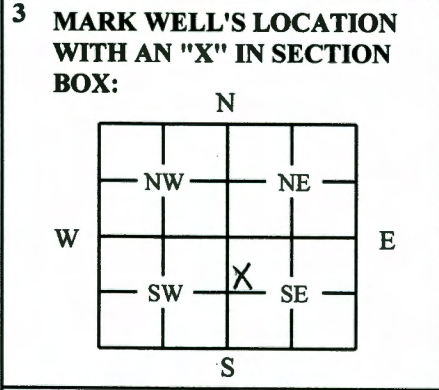
Street/Rural Address of Well Location; if unknown, distance and direction from nearest town or intersection. If at owner's address, check here

663 N. Washington St., Abilene

Global Positioning Systems (GPS) Information:
 Latitude: 38.919370 (in decimal degrees)
 Longitude: -97.232385 (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: _____
 Digital Map/Photo Topographic Map Land Survey
 Est. Accuracy: <3 m 3-5 m 5-15 m >15 m



4 DEPTH OF WELL: 50.8 ft.
 WELL'S STATIC WATER LEVEL: 7.4 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 50.8 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	50.8	Bentonite			
					MW-26

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 Robl by Jim.

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>.