

1 LOCATION OF WATER WELL: County: <u>Dickinson</u>	Fraction <u>SW 1/4 NW 1/4 NE 1/4 NW 1/4</u>	Section Number <u>21</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

SE corner of intersect. of S. Mulberry S & SW 2nd St.

Global Positioning Systems (GPS) Information:

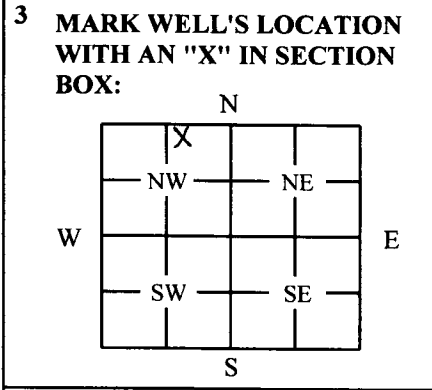
Latitude: 38.914097 (in decimal degrees)
 Longitude: -97.217944 (in decimal degrees)
 Elevation: 1149

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 m >15 m

2 WATER WELL OWNER: ONE Gas
 RR#, St. Address, Box # 15 East Fifth Street
 City, State ZIP Code Tulsa, OK 74103



4 DEPTH OF WELL: 39.29 ft.
 WELL'S STATIC WATER LEVEL: 13.29 ft. BTOC
 WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Old Field Water Supply	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn/Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

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

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos/Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter: 2 in. Was casing pulled? Yes No If Yes, how much 39.29'
 Casing height above or below land surface: 0 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other: _____

Grout Plug Intervals: From 0 ft. To 18 ft. From _____ ft. To _____ ft. From _____ ft. To _____ ft.

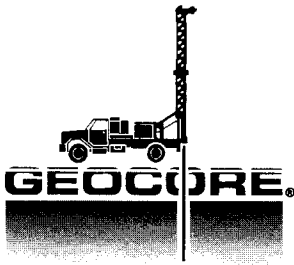
What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input checked="" type="checkbox"/> Other (specify below):
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<u>Contaminated site</u>
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well: <u>at site</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet: _____

FROM	TO	PLUGGING MATERIAL	FROM	TO	PLUGGING MATERIAL
0	18	Bentonite			
18	39.29	Collapsed Formation Material			
					ABMW-4
					KDHE Project #C5-021-70043

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/29/2021 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) 2/11/2022 under the business name of GeoCore, LLC by (signature) *Dan a Kelly*.

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>.



21-100-05

TRANSMITTAL LETTER

GeoCore, LLC
Post Office Box 386
2775 Arnold Road, Suite D
Salina, Kansas 67402-0386
Phone (785) 826-1616
Fax (785) 826-9508

Date: February 25, 2022

Pam Chaffee
Water Well Program Manager
Kansas Department of Health and Environment
1000 SW Jackson Street, Suite 420
Topeka, KS 66612-1367

Subject: Water Well Documents
ONE Gas MGP Site, Abilene

Dear Ms. Chaffee:

This letter documents transmittal of the forms enclosed herewith and includes the appropriate registration fees and other required information.

Enclosures:

WWC-5 Form(s): _____
Well #: _____

WWC-5P Form(s): 20
Well #: ABMW-1S/D, ABMW-2, ABMW-3S/D, ABMW-4, ABMW-11,
ABMW-12S/D, ABMW-13S/D, ABMW-14S/D, ABMW-15S/D, ABMW-16S/D,
ABMW-19, ABMW-20, ABMW-21

Other: _____

Please contact me if you have any questions regarding the enclosed documents.

Eugenie Borrelli
GeoCore, LLC
(785) 826-1616

RECEIVED

MAP 3 2022

Copy to: Burns & McDonnell

BUREAU OF WATER