

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

**KSA 82a-1212 ID NO. ABMW-2**

<b>1 LOCATION OF WATER WELL:</b> 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:**

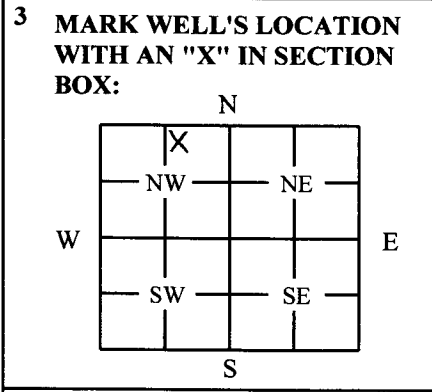
Latitude: 38.914069 (in decimal degrees)  
 Longitude: -97.217540 (in decimal degrees)  
 Elevation: 1151

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:** 24.60 ft.  
 WELL'S STATIC WATER LEVEL: 13.62 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 24.60'  
 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 20 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	20	Bentonite			
20	24.60	Collapsed Formation Material			
					ABMW-2
					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) 9/28/2021 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) Dale Abbott.

**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>.



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 #s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WWC-5P Form(s): 20

Well #s: 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

MAR 3 2022

Copy to: Burns & McDonnell

BUREAU OF WATER