| County: Sedgwick | Fraction: | SW NW N | = | Sec. | 35 | т | 26 s | R | 1 | <u>E</u> | | | |
|---|-----------------|-----------------|----------|----------|----------|------------|----------------------|----------|-----------|----------|--|--|--|
| CORRECTION(S) to WATER WELI | COMPLETI | ON RECORD | For | m WWC- | -5 (to | rectify la | acking o | r incori | ect infor | mation) | | | |
| Owner: Koch Industries | | | | | | | | | MW | 18 B | | | |
| If location corrected, was listed as: | | | | | | | Location changed to: | | | | | | |
| Section-Township-Range: | 35-27S-1E | | | | 1E | | | | | | | | |
| Fraction (1/4 calls): | | | | | | | | - | | | | | |
| Other changes: Initial statements: | | | | | | | <u></u> | <u></u> | | | | | |
| Changed to: Comments: Email sent from Wich | | | | | | | | | | \ | | | |
| Verification method: KGS mapper | - | | | | | | | | | | | | |
| | | | | I: | nitials: | SH | Date | .: 03- | -06-20 | 19 | | | |
| Submitted by: Kansas Geological Su Kansas Dept. of Heal | ırvey, Data Res | ources Library, | 1930 | Constant | | | | | | -1367 | | | |

(rev 01/26/2018)

| | | | TER WELL RE | CORD | Form WW | C-5 | KSA 82a- | 1212 ID | No | | | | | | |
|--|----------------|--------------------------|------------------|-----------------|-----------------------------------|----------------------|---------------|-------------------|----------------------|-----------------------|--------------------------|----------------|--------------|--------------|--|
| 1 LOCATION OF WATER WELL: Fraction SW 1/4 | | | | N75.7 | ME | | Sec | tion Number | | Township Number | | | Range Number | | |
| | | | | ₄ NW | ½ NE | 1/4 | | 35 | T | 21 | <u>(S)</u> | R | I | (E) V | |
| Distance a | nd direction | from nearest tov | wn or city stree | t address | s of well if loca | ated with | nin city? | | | | | | | | |
| 2 WATER | R WELL OW | NER: Koch | Industr | ies | | | | | | | | | | | |
| | ddress, Box | # : 4111 | | Stre | | | | | | oard of Agoplication | riculture, Di Number: | vision of | Water I | Resources | |
| 3 LOCATE | WELL'S LO | CATION WITH | 4 DÉPTH OF | COMPL | ETED WELL . | | | | VATION: | | | | | | |
| AN "X" II | N SECTION | BOX: | Depth(s) Gro | undwate | r Encounte <u>r</u> ed | 1 م | | | ft. 2 | | ft. 3 . | | | ft. | |
| | N_ | | WELL'S STA | TIC WAT | ER LEVEL7 | . 6 | ft. beld | ow land sur | face measur | ed on mo | /day/yr | | | | |
| | 1 | 1 | Fst Vield | 'ump test | t data: Well v gpm: Well v | water wa water wa | 3S | | π. aπer ft. after | | nours pu hours pu | mping mping | | gpm | |
| - | -NW | - NE | WELL WATE | | | | lic water s | | | nditioning | | ection we | | | |
| | | ' | 1 Domes | _ | Feedlot | 6 Oil f | field water | r supply | 9 Dewa | tering | 12 Ot | her (Spe | cify bel | ow) | |
| w | X ' | E | 2 Irrigatio | n 4 | Industrial | 7 Don | nestic (lav | vn & gardei | n) 10 Monit | oring well | | | | | |
| | + | | | | | | | | | v | | | | | |
| - | -sw - | - SE | | cal/bacte | eriological sam | iple sub | mitted to | Departmen | | | | o/day/yrs | | ~ | |
| | i | | mitted | | | | | | Water Well | Disiniecte | a? Yes | | N | 9 | |
| | S | | | | | | | | | | | | | | |
| | | CASING USED: | | | rought iron | | 8 Concre | | | SING JOI | NTS: Glued | | | ed | |
| 1 Stee | | 3 RMP (SI 4 ABS | H) | | 6 Asbestos-Cement 7 Fiberglass | | | (specify bel | iow) | | | | | | |
| Blank casi | na diameter | 2" | in. to . | | 6 ft., Dia | | | | | | | | | | |
| Casing he | ight above la | and surface | 3.2" | in | ., weight | | | | lbs./ft. W | all thickne | ess or guage | No. S.C | Ή | 4.0 | |
| Casing height above land surface3.2 TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | , . | | | 'C | | | estos-Ceme | | | | |
| 1 Steel 3 Stainless Steel | | | | | 5 Fiberglass | | | MP (SR) | 11 Other (Specify) | | | | | | |
| 2 Bras | SS | 4 Galvaniz | zed Steel | 6 Co | oncrete tile | | 9 AB | SS | | 12 Nor | ne used (ope | en hole) | | | |
| SCREEN | OR PERFO | RATION OPENI | | | | | wrapped | | 8 Saw | | | 11 None | (open | hole) | |
| | tinuous slot | | fill slot • 010 |) | | Nire wra Torch cu | | | | ed holes | <i>ι</i>) | | | ft | |
| | vered shutte | | (ey punched | 21 0 | | | | | | ` ' | | | | | |
| SCREEN- | PERFORAT | ED INTERVALS | | | ft. to | | | | | | | | | | |
| | GRAVEL PA | CK INTERVALS | : From | 21.0 | ft. to | | 4.0 | ft., Fr | om | | ft. to | | | ft. | |
| | 10 | /20 | | | ft. to | | | | | | | | | | |
| 6 GROU | JT MATERIA | | t cement | 2 | Cement grout | | (3) Bent | tonite | 4 Other | | | | | | |
| Grout Inte | | m40 | | | | | | | | | | | | | |
| What is the | | ource of possible | | | , | | | | estock pens | | | andoneo | | | |
| 1 Septic tank 4 Lateral lines | | | | | 7 Pit privy | | | 11 Fu | el storage | 15 O | 15 Oil well/Gas well | | | | |
| 2 Sewer lines 5 Cess pool | | | | 8 Sewage lag | | | 12 Fe | rtilizer storaç | 6 00 | Other (specify below) | | | | | |
| 3 Watertight sewer lines 6 Seepage pit | | | | 9 Feedyard | | | 13 Ins | secticide stor | Moni | Monitoring Wells | | | | | |
| Direction f | rom well? | South | | | | | | How n | nany feet? | 3 | | | | | |
| FROM | то | | LITHOLOG | IC LOG | | | FROM | ТО | | PLU | JGGING INT | ERVALS | 3 | | |
| 0 | 3 | Top soi | 1 | | | | 21 | 4 | 10/20 | grav | rel pac | ck. | | | |
| 3 | 5 | Brown C | lay | | | | 4 | 0 | | | | | | | |
| 5 | 10 | Light b | rown cla | | | | | | | | | | | | |
| _10 | _21 | Wet bro | wn clay | | | | | | | | | | | | |
| | | | | | | _ - | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | | | | |
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| | | | | | | _ | | | | <u>MW18-</u> | -B | | | | |
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| | | | | | | | - | | | | | | | | |
| CONTR | RACTORIS (| DR LANDOWNE | D'S CEDTIFIC | ATION | This water | الم | Dear-t- | untod (0) :: | opportunite : | l or (0) = | lugged | or my live | indiatio | n and was | |
| | | OR LANDOWNE | | | | | | | | | | | | | |
| | | s Licence No | | | | | | | | | | | | | |
| | | ne of Prati | | | ironmen | | | | by (signature | 70-7 | and . | 91 | // | , | |
| INSTRUC | TIONS: Use typ | ewriter or ball point pe | | | | | in blanks und | derline or circle | the correct answ | vers send to | n three conies | n Masas D | enartmer | nt of Health | |

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers, send top three copies to type as Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.