			Form V	VWC-5 in Well Use			ision of Wa				EW-1	
			Change	Fraction			ources App.		T1: N1	Well ID	>7 1	
1 LOCATION OF WATER WELL: County: Barton			NE'4 SE'4 N	VE 1/2 SW/1/2	Section Number 32			Township Numb		ge Number		
		Last Name	First:		4		c who		(if	□E ■ W		
Business: CF Industry Sales, LLC												
Address: 4 Parkway North												
Address: City: Deerfield State: IL ZIP: 60015												
3 LOCA				ZIP: 60015								
WITH		4 DEPTH C	OF COM	PLETED WEL	.L:20	ft.	5 Lati	tude:	38.3521	72	(decimal degrees)	
SECTION BOX: Depth(s) Groundwater Encountered: 1)						II. Longitude: -98.562980 (desired desired						
	N	ft., or	4) Dry W	'ell	Hori	Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27						
	ER LEVEL: measured on (mo-	. 14.02 f	2-20	Sour	ce for	Latitude/Longitude	:					
NW	NE	above land	measured on (mo-	·day-yr)			GPS (unit make/model:)					
	NC	ter was	1	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map								
w	╀┼┼┼	after	pumping		Online Mapper: Google Earth							
- sw	SE		iter was		Omm	итаррог т.		••••••				
anter nours				pumping	(Fl.	6 Flored 1783 27						
	Estimated Yield: Bore Hole Diameter:			gpm	o Elev	6 Elevation: 1783.27 ft. Ground Level TOC						
1 1 1 1					Sour	Source: Land Survey GPS Topographic Map						
mile in. to												
1. Domestic				r Sunnty, well II	1		10 🖂 (N/1 17/2/1	A W-+ C1			
☐ House	ehold	6. 🗆 D	: how many wells	Supply: well ID				10. Oil Field Water Supply: lease				
☐ Lawn & Garden 7. ☐ Aquifer Re				harge: well ID	11. Test	☐ Cased ☐ Uncased ☐ Geotechnical						
☐ Lawn & Garden 7. ☐ Aquifer Rec 8. ■ Monitoring.				well ID	12. Geo	12. Geothermal: how many bores?						
	2. Irrigation 9. Environmental Remediat									oop Horizontal Vertical		
3. Feedle				por Extractio	1	b) (Open L	oop 🔲 Surface Dis	scharge	Ini. of Water		
4. Indust			ecovery	☐ Injection			13. 🔲 C	other (s	specify):		•••••	
Was a chemical/bacteriological sample submitted to KDHE? Tyes No. If yes, date sample was submitted.												
Water well disinfected? \square Ves.												
8 TYPE OF CASING USED: Steel PVC Other												
Casing traineter th. to tt., Diameter in. to ft. Diameter in to ft												
Casing height above land surface												
Cloud Could by a many a												
☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
SCREEN OR PERFORATION OPENINGS ARE:												
Continuous Slot Mill Slot Gauze Wrapped Torch Cut Dirilled Holes Tother (Specific)												
Louvered Shutter Key Punched Wire Wronned Sour Cut Differ (Specify)												
SCREEN-PERFORATED INTERVALS: From 15 ft to 20 ft From A to A												
GRAVEL FACK INTERVALS: From												
Grout Intervals: From												
The contract of possible contamination:												
Sewer			eral Lines	☐ Pit Priv			ivestock Pe		☐ Insectici			
Westerright Server Lives Good Water Well												
Other (Specify) Former Terra Nitrogen												
Direction from well? Distance from well?												
TO LICOM	10	LIII	HULUGI	CLOG	FRO	M	ТО	LITH	O. LOG (cont.) or l	PLUGGING	INTERVALS	
0		Topsoil, dark br							(00) 01.7	DOGGING	TATIBLEVALS	
1		Clay, brown, sti	ff, moist,	silty								
		Silt, grey, wet	·						**************************************			
10.5	20	Sand, brown, co	oarse, we	et								
			-						· · · · · · · · · · · · · · · · · · ·			
										· · · · · · · · · · · · · · · · · · ·		
	Notes:											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (no day year) 6.11.2020												
under my in	risdiction a	nd was complete:	NER'S (ERTIFICATION OF 14	UN: This v	ater v	well was	con	structed, \square recon	structed, or	plugged	
under my jurisdiction and was completed on (mo-day-year) 6-11-2020 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604												
Target and Captileds manife of Petro (200) Study of the City Co. 111.												
		a. a 100 01 05.0	o tos cach c	onsuluciou wen to. 1	Nausas Depart	nent of	Health and	Enviror	mient Bureau of Wat	er GWTS Sac	tion 1	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.												
visit us at http	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											