			W W C-5		vision of Water		MW-11	
			ge in Well Use		sources App. No.		Well ID	
		VATER WELL:	Fraction		ection Number	Township Number		
							R 24 □ E ■ W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: Koch Fertilizer Dodge City direction from nearest town or intersection): If at owner's address, check here:								
	11559 US	3 Highway 50						
Address:		- 1/0						
City:	Dodge C	ty State: KS	ZIP: 67801					
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:12					A 5 Totitud	a. 37.777587	(desimal desmoss)	
WITH "	X" IN	Denth(s) Crowndwater	h(s) Groundwater Encountered: 1)69ft.			ft. 5 Latitude: 37.777587 (decimal degrees) Longitude: 99.92803 (decimal degrees)		
SECTIO	N BOX:		2) ft. 3) ft., or 4) ☐ Dry			Horizontal Datum: UWGS 84 U NAD 83 NAD 27		
1	1						□ NAD 83 □ NAD 27	
l ———	TT		WELL'S STATIC WATER LEVEL:			or Latitude/Longitude:		
'	'	above land surface, measured on (mo-day-yr)				GPS (unit make/model:)		
NW	NE	Pump test data: Well water wasNA ft.				(
						☐ Land Survey ☐ Topographic Map		
W	Е	after hours pumping gpm			Online Mapper:			
sw	SE	Well water was ft. after hours pumping gpm				· · · · · · · · · · · · · · · · · · ·		
					6 Elevation: 2541ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ■ GPS ☐ Topographic Map			
	L1	Estimated Yield:NAgpm						
	S	Bore Hole Diameter:6 in. to135 ft. a			Other			
7 WELL WATER TO BE USED AS:								
1. Domestic			ater Supply: well ID				se	
_	☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID		
☐ Lawn	& Garden	7. 🔲 Aquifer R	7. Aquifer Recharge: well ID					
Livestock 8. Monitoring: well ID								
2. Irrigation 9. Environmental Remediation: well ID						☐ Vertical		
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop Surface Discharge Inj. of Water		
4. Industr	rial	☐ Recovery	☐ Recovery ☐ Injection			13. Other (specify):		
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:								
Water well disinfected? ☐ Yes ■ No								
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other								
Casing diameter								
Casing diameter 2 in. to 120 ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 30 in. Weight lbs/ft. Wall thickness or gauge No. Sch 40								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)								
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
■ Continuous Slot								
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From								
Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic		☐ Lateral Line			Livestock Pens	_		
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well								
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well								
☐ Other (Specify)								
Direction from well?								
10 FROM	TO	LITHOLO	GIC LOG	FROM	TO L	ITHO. LOG (cont.) or P	LUGGING INTERVALS	
0	40	silty clay						
		caliche					***************************************	
62		silty sand						
								
130	135	clay						
				Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged								
under my jurisdiction and was completed on (mo_day year) 05/10/2015 and this record is true to the best of my knowledge and belief								
under my jurisdiction and was completed on (mo-day-year) .05/10/2015 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 7.93 This Water Well Record was completed at mo-day-year) .12/03/2015								
under the L	uci well Co	nuacion's License No	rvice	O N III W	Signature	n ich gar (III) - viay-yea	1) ((4) \(\text{A} \(\t	
Mail	1 white copy of	ong with a fee of \$5 00 for an	ch constructed well to: Kan	sas Denartmer	nt of Health and En	viconment Rureau of Was	r GWTS Section	
under the business name of Cahox Pump Service. Signature Signature Mail I 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								
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://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015								