

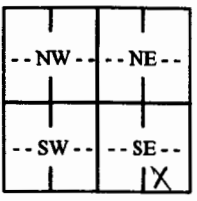
**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  Well ID MW-24

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Ford	Fraction NW ¼ SW ¼ SE ¼ SE ¼	Section Number 32	Township Number T 26 S	Range Number R 24 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER: Last Name:</b> First: Business: <b>Cargill Meat Solutions</b> Address: <b>3201 W. US 400 Highway</b> Address: City: <b>Dodge City</b> State: <b>KS</b> ZIP: <b>67801</b>	<b>Street or Rural Address where well is located</b> (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/> <b>Cargill West Field Brine Pond, NW corner</b>
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<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> N  S 1 mile	<b>4 DEPTH OF COMPLETED WELL:</b> ..... 65 ..... ft. Depth(s) Groundwater Encountered: 1) ..... 55 ..... ft. 2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well <b>WELL'S STATIC WATER LEVEL:</b> ..... 51.36 ..... ft. <input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) ..... 1/28/22 <input type="checkbox"/> above land surface, measured on (mo-day-yr) ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Well water was ..... ft. after ..... hours pumping ..... gpm Estimated Yield: ..... gpm Bore Hole Diameter: ..... 8.25 ..... in. to ..... 65 ..... ft. and ..... in. to ..... ft.	<b>5 Latitude:</b> ..... 37.73697 ..... (decimal degrees) <b>Longitude:</b> ..... -99.96501 ..... (decimal degrees) <b>Horizontal Datum:</b> <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 <b>Source for Latitude/Longitude:</b> <input type="checkbox"/> GPS (unit make/model: .....) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Online Mapper: <b>Google Earth</b>
<b>6 Elevation:</b> ..... 2457 ..... ft. <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> TOC <b>Source:</b> <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input checked="" type="checkbox"/> Other <b>Google Earth</b>		

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID ..... 6. <input type="checkbox"/> Dewatering: how many wells? ..... 7. <input type="checkbox"/> Aquifer Recharge: well ID ..... 8. <input checked="" type="checkbox"/> Monitoring: well ID <b>MW-24</b> 9. Environmental Remediation: well ID ..... <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease ..... 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....
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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 JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... 2 ..... in. to ..... 50 ..... 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  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
**SCREEN-PERFORATED INTERVALS:** From ..... 50 ..... ft. to ..... 65 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... 47 ..... ft. to ..... 65 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From ..... 0 ..... ft. to ..... 2.5 ..... ft., From ..... 2.5 ..... ft. to ..... 4.7 ..... ft., From ..... ft. to ..... ft.  
**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 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? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	5	Clay, silty, Lt. Brown			
5	10	Sand, f, tr. silt, Lt. Brown			
10	15	Sand, f-m, pebbles, Lt. Brown			
15	25	Sand, f-m, tr. pebbles/cobbles, Lt. Brown			
25	35	Sand, m-c, Brown, tr. caliche at 32'			
35	40	Sand, tr. silt, Brown			
40	65	Sand/silt, f, Lt. Brown			
<b>Notes:</b>					

**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) **1/28/2022** ..... 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) **4/1/2022** ..... under the business name of **GeoCore, LLC** ..... Signature *[Signature]*



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: April 15, 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  
Cargill Meat Solutions, Dodge City

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): 5  
Well #s: MW-24 through MW-28  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WWC-5P Form(s): \_\_\_\_\_  
Well #s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: Check for registration fees  
\_\_\_\_\_

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

Eugenie Borrelli  
GeoCore, LLC  
(785) 826-1616

Copy to: Terracon

RECEIVED  
APR 26 2022  
BUREAU OF WATER