

County: Ford Fraction: NE SE NW NW Sec. 4 T. 27 S R. 24 W

**CORRECTION(S) to WATER WELL COMPLETION RECORD Form WWC-5 (to rectify lacking or incorrect information)**

Owner: Cargill Meat Solutions M 10A

If location corrected, was listed as:

Section-Township-Range: 3-27-24W

Fraction (1/4 calls): NE SE NW

Location changed to:

4-27-24W

NE SE NW NW

Other changes: Initial statements: Latitude 37.44'00" Longitude 99.57' 24"

Changed to: Lat 37.733333 Long-99.956667 NAD83

Comments: \_\_\_\_\_

Verification method: Used KGS LEOWEB to convert lat/long, KGS mapper speaking with Pam Chaffee and email from Cargill.

Submitted by: \_\_\_\_\_ Initials: SH Date: 03-01-2022

Submitted by: ☒ Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724  
☐ Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

17110A

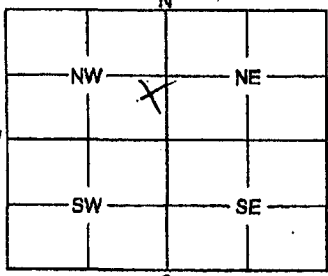
WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. M10A

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: FORD	NE 1/4 SE 1/4 NW 1/4	3	27	24 EW

Distance and direction from nearest town or city street address of well if located within city?

1500' SW OF DODGE RD / HWY 400 37°44'00" 99°57'25"

2	WATER WELL OWNER: CARGILL MEAT SOLUTIONS RR #, St. Address, Box #: E. HWY 400 City, State, ZIP Code: DODGE CITY, KS	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4	DEPTH OF WELL ..... 29 ..... ft. WELL'S STATIC WATER LEVEL ..... ft.  WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>x 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted .....</p> <p>Water Well Disinfected: Yes ..... No .....</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	x 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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5	TYPE OF BLANK CASING USED: <table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>x 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> <p>Blank casing diameter ..... 4 ..... in. Was casing pulled? Yes ..... No ..... If yes, how much ..... in.</p>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	x 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other BENTONITE GROUT Grout Plug Intervals: From ..... 29 ..... ft. to ..... 0 ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft. What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> <p>Direction from well? ..... How many feet? .....</p>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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FROM	TO	PLUGGING MATERIALS
29	0	BENTONITE GROUT

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/25/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 102 This Water Well Record was completed on (mo/day/year) 8/18/10 under the business name of LAYNE CHRISTENSEN COMPANY by (signature) [Signature]
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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 Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.