

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 11A

If location corrected, was listed as:

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

Fraction (¼ 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-99.95666 NAD83

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

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

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

M11A

## WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO. M11A

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: FORD	NE 1/4 Sec 34	3	27 5	24 E/W

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' 24"

2	WATER WELL OWNER: CARGILL MEAT SOLUTIONS E. HWY 400 RR #, St. Address, Box #: 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 ..... 27 ..... ft. WELL'S STATIC WATER LEVEL ..... ft. WELL WAS USED AS: 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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Was a chemical / bacteriological sample submitted to Department? Yes ..... No .....  
If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No .....

5	TYPE OF BLANK CASING USED:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) x 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile .....
	Blank casing diameter ..... 4 ..... in. Was casing pulled? Yes ..... No ..... If yes, how much .....
	Casing height above or below land surface ..... 0 ..... in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other BENTONITE GROUT
	Grout Plug Intervals: From ..... 27 ..... ft. to ..... 0 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
	What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Waterlight 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
	Direction from well? ..... How many feet? .....

FROM	TO	PLUGGING MATERIALS
27	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) 8/24/10 Water Well Contractor's License No. 102 by (signature) [Signature] under the business name of LAYNE CHRISTENSEN COMPANY This Water Well Record was completed on (mo/day/year)
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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.