| WATER WELL RECORD | | Form WWC- | -5 | Divisio | n of Water Resources; App. No. | | |
|--|---|------------------------|--|-------------|--|-------------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section N | | | |
| County: WYQNA | otte | NW1/4 5 E 1/4 N | 1/4 | 27 | | R 25 D/W | |
| Distance and direction | from nearest town or ci | ty street address di w | ell if C | Global Po | sitioning Systems (decimal deg | | |
| located within city? | TO SOUTHU | LO I ISIVEC | | Latitude: | N39 04, 15 | | |
| Longitude: WO94 36.788 2 WATER WELL OWNER: BUNGE NORTH AMERICA, INC. Elevation: RR# St. Address Box # 12071 | | | | | | | |
| 2 WATER WELL OW | NEK: BUNGE N | outh Harry | 4,400 | Elevation | n: 542 | | |
| RR#, St. Address, Box City, State, ZIP Code | " ' 11 /a() 14 | CONTINUE DI | ソン | Datum: | | | |
| | St. Louis | , mo 6314 | $1Q_{\sim}$ | Data Col | lection Method: 695 | | |
| 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 1. O | | | | | | | |
| LOCATION | IN Depth(s) Groundwater Encountered (1) | | | | | | |
| WITH AN "X" IN | Depth(s) Groundwater | Encountered (1) | vy | ft. | (2) ft. (3) | | |
| SECTION BOX: | | | | | d surface measured on mo/day/ | | |
| N | Pump test data: Well water wasft. after | | | | | | |
| | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | |
| W NW NE | WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well 9 Dewatering | | | | | | |
| W E | 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well | | | | | | |
| | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs | | | | | | | |
| Sample was submitted | | | | | | | |
| S I | | | | | | | |
| 5 TYPE OF CASING U | SED: 5 Wrought | Iron 8 Conc | rete tile | | CASING JOINTS: Glued | Clamped | |
| 1 Steel 3 RMF | | | (specify t | | | Clampoa | |
| OPVC 4 ABS 7 Fiberglass Threaded | | | | | | | |
| Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: FIGHT | | | | | | | |
| From | | | | | | | |
| From | | | | | | | |
| Tronic it. to initial it. it. | | | | | | | |
| 6 GROUT MATERIAL | : 1 Neat cement 2 | Cement grout 3 Be | ntonite 4 | 4 Other | | | |
| I . | • | • | f | t. to | ft., From | ft. toft. | |
| What is the nearest source of possible contamination: | | | | | | | |
| 1 Septic tank | | 0 Livesto | - | | 16 Other (specify | | |
| 2 Sewer lines | 5 Cess pool | | 1 Fuel sto | | 14 Abandoned water well | below) | |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? Direction from well? Direction from well? Direction from well? | | | | | | | |
| | | | , | 1 | | TDMAT C | |
| FROM TO | LITHOLOGIC | LOG | FROM | TO | PLUGGING INTE | ERVALS | |
| | | | | | | | |
| | 1 | | | | | | |
| 0:1 | 12-DUS/N | vell | | | | | |
| 0,, | CCT PS J V V | | | | | | |
| NC NC |) litholon | V | | | | | |
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| | | | <u> </u> | | | | |
| | | <u> </u> | | | | | |
| 7 CONTRACTOR'S OF | LANDOWNED'S CE | RTIFICATION. T | his water w | vell was | 1) constructed (2) reconstructed | ed or (3) plugged | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | |
| under the business name of RAZEK Environmental LLC by (signature) Combined | | | | | | | |
| INSTRUCTIONS: Use typewi | riter or ball point pen. PLEA | SE PRESS FIRMLY and F | PRINT clearly | . Please fi | ll in blanks, underline or circle the co | | |
| three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone | | | | | | | |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at | | | | | | | |
| http://www.kdheks.gov/waterwell/index.html. | | | | | | | |

