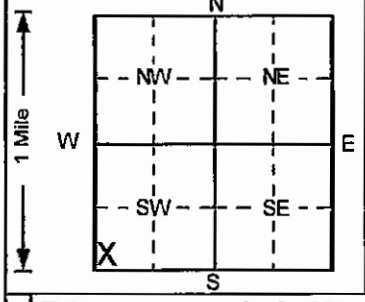
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Saline**	**SW ¼ SW ¼ SW ¼**	**4**	T **14** S	R **3** E/W

Distance and direction from nearest town or city street address of well if located within city?
1112 N. Halstead, Salina, Kansas

2 WATER WELL OWNER:
RR#, St. Address, Box # : **Bunge North America, Inc. 11720 Borman Dr.**
City, State, ZIP Code : **St. Louis, MO 63146**
Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **30** ft. ELEVATION: **0**
Depth(s) Groundwater Encountered 1. ..... ft. 2. ..... ft. 3. ..... ft.
WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was **NA** ft. after ..... hours pumping ..... gpm
Est. Yield **NA** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter **8** in. to **30** ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering (12) Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well **Temporary well**
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: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped .....
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded .....
(2) PVC 4 ABS 7 Fiberglass ..... Threaded ✓ .....
Blank casing diameter **2** in. to **15** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.
Casing height above land surface **0** in., weight ..... lbs./ft. Wall thickness or gauge No. **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL (7) PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) .....
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) .....

SCREEN-PERFORATED INTERVALS: From **15** ft. to **30** ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From **13** ft. to **30** ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement (2) Cement grout (3) Bentonite 4 Other .....
Grout Intervals: From **0** ft. to **1** ft., From **1** ft. to **13** ft., From ..... ft. to ..... ft.

What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard (12) Fertilizer storage 16 Other (specify below)
(13) Insecticide storage .....
Direction from well? **directly surrounding** How many feet? **0**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil,	26	28	Shale, hard, sl. plas., dry, Olive
1	2	Clay, with gravel, sl. plastic, dry, Dark	28	30	Shale, hard, dry, Reddish
2	4	As above, incr. plas., incr. moisture,			
4	6	Clay, soft, med. plasticity, moist,			
6	8	As above, incr. stiffness,			
8	10	Clay, soft, moist,			
10	12	As above, incr. stiffness, decr. moisture,			
12	14	Clay, stiff, med. plasticity, sl. moist,			
14	15	Clay, stiff, med. plasticity, sl. moist,			
15	16	As above, soft, stiff, sl. moist,			
16	18	As above, decr. stiff, incr. moist,			
18	20	Clay, stiff, med. plas., low moisture,			
20	22	Clay, hard, mottled w/some Brown/Black, sl.			TW2, Flushmount
22	24	Shale/Clay, hard, sl. plas., dry,			Project Name: BM - Cargill Salina
24	26	Shale/Clay, hard, non to sl. plas., dry,			GeoCore # 1143, #

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) **4/20/2004** 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/yr) **5/13/04** under the business name of **GeoCore, Inc.** by (signature) Dale Hall

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼