

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Saline		SW 1/4 SW 1/4 SW 1/4	4	T 14 S	R 3 EW
Distance and direction from nearest town or city street address of well if located within city? 1112 N. Halstead Rd., Salina, Kansas					
2 WATER WELL OWNER: Bunge North America, Inc. RR#, St. Address, Box #: 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: 29 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 Soil vapor extraction			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes No <input checked="" type="checkbox"/>			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
			7 Fiberglass		Threaded. <input checked="" type="checkbox"/>
Blank casing diameter 4 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					
1 Steel		3 Stainless steel	5 Fiberglass	7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify)
			9 ABS		12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify)	
SCREEN-PERFORATED INTERVALS: From 15 ft to 30 ft, From ft to ft					
GRAVEL PACK INTERVALS: From 13 ft to 30 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	Pavement,	28	30	Shale, hard gravel, grading to gray,
1	2	Gravel, pavement,			
2	4	Clay, stiff, med. plasticity, moist, Dark			
4	6	Clay, decr. stiffness, incr. plasticity, Dark			
6	8	Clay, stiff, high plas., sl. moist, Brownish			
8	10	As above, grading into soft to stiff,			
10	12	As above, hard to stiff, low moisture,			
12	14	As above, incr. stiffness, decr. moisture,			
14	15	Clay, plastic, low moisture, Dark			
15	16	As above, grading to lighter clay,			
16	18	As above, decr. gravel, incr. hardness,			
18	20	As above, grading to lighter, soft to med. stiff,			
20	22	As above, grading into hard, low moist.,			SVE1, Flushmount
22	24	Clay, stiff, med. plas., low moist,			Project Name: BM - Cargill Salina
26	28	Clay, incr. plasticity, layered Olive, Brown R			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) 4/19/2004 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) 5/15/04					
under the business name of GeoCore, Inc. by (signature) <i>Paul R. R...</i>					
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: 913-295-5545. Send one to WATER WELL OWNER and retain one for your records.					

OFFICE USE ONLY

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