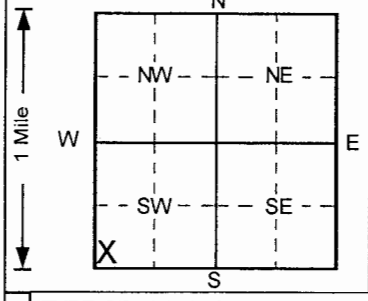
WATER WELL RECORD Form WWC-5 KSA 82a-1212

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 Rd., Salina

2 WATER WELL OWNER: **Bunge North America, Inc.**
RR#, St. Address, Box # : **11720 Borman Drive**
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 **19** ft. ELEVATION:
Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
WELL'S STATIC WATER LEVEL **N/A** 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 **19** 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 ✓.....; 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 **9** ft., Dia in. to ft., Dia in. to ft.
Casing height above land surface **-0.5** 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 **9** ft. to **19** ft., From ft. to ft.
From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From **7** ft. to **19** 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 **1** ft. to **7** ft., From ft. to 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?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Clay and Silt, some gravel, dry,			
2	5	Clay, trace silt, dry to damp, med. stiff,			
5	6	Clay, trace silt, damp, med. plasticity,			
6	9	Clay, trace silt, damp to moist, Dark Yellowis			
9	11.5	Clay, trace silt, moist, med. plasticity,			
11.5	14	Sand (f) and Clay, moist, Strong Brown			
14	16	Sand (f), trace Clay, moist, Strong Brown			
16	17.5	Sand (f-m), moist to wet, loose, Strong Brown			
17.5	19	Shale, slightly weathered, Grayish Green			
					SVE3 , Flushmount
					Project Name: BM - Cargill Salina
					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) **4/11/2005** 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) 5/16/05 under the business name of **GeoCore, Inc.** by (signature) Dale Robb

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