WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. _____

1 LOCATION OF WATER WELL: County: Saline | Fraction: SE ¼ SW ¼ SE ¼ SW ¼ | Section Number: 4 | Township No.: T 14 S | Range Number: R 3 ☐E ☑W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☑.

Global Positioning System (GPS) information:
Latitude: ..... (in decimal degrees)
Longitude: ..... (in decimal degrees)
Elevation: .....
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☐ GPS unit (Make/Model: .....)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

2 WATER WELL OWNER: Cargill, Incorporated
RR#, Street Address, Box #: 1112 North Halstead Road
City, State, ZIP Code : Salina, KS 67401

3 LOCATE WELL WITH AN "X" IN SECTION BOX:

N / W / E / S; NW, NE, SW, SE; x in SW
|----------1 mile----------|

4 DEPTH OF COMPLETED WELL 40.3 ft.
Depth(s) Groundwater Encountered (1) 18 ft. (2) ..... ft. (3) ..... ft.
WELL'S STATIC WATER LEVEL 16.27 ft. below land surface measured on mo/day/yr .....
Pump test data: Well water was 21.73 ft. after 3 hours pumping 22 gpm
EST. YIELD 25 gpm. Well water was ..... ft. after ..... hours pumping ..... gpm
Bore Hole Diameter 12 in. to 40.3 ft., and ..... in. to ..... ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☑ Other (Specify below)
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well Extraction 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 CASING USED: ☐ Steel ☑ PVC ☐ Other .....
CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☑ Threaded
Casing diameter 4 in. to 22.7 ft., Diameter 4 in. to 40.3 ft., Diameter ..... in. to ..... ft.
Casing height above land surface 2.1 ft. in., Weight ..... lbs./ft., Wall thickness or gauge No. Sch. 40
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☑ PVC ☐ Other (Specify) .....
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☑ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify) 0.040-inch
SCREEN-PERFORATED INTERVALS: From 22.7 ft. to 37.7 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.
GRAVEL PACK INTERVALS: From 20 ft. to 40.3 ft., From ..... ft. to ..... ft.
From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☑ Other (Bentonite Chips)
Grout Intervals: From 20 ft. to 0 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well .....
Direction from well ..... Distance from well .....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	13.5	Silty Clay 7.5YR 5/4, damp			
		non-plastic, medium stiff			
13.5	16	becomes moist, medium plastic			
16	18	becomes soft, highly plastic			
18	20	becomes wet, some fine sand grains			
20	38	Sand(med)7.5YR 5/4, wet, med dense			
		trc gravel, interbeds of silty clay			
38	40.3	Shale 5GY 7/1, dry, hard			
					PW-13

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 01/20/12 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/year) 3/19/12 under the business name of GeoCore Inc. by (signature) Dale Rbl

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of $5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.

KSA 82a-1212 Check: ☐ White Copy, ☐ Blue Copy, ☐ Pink Copy