WATER WELL RECORD	Form WWC-5	5 Di	vision of Wate	r Resources App. N	0.
1 LOCATION OF WATER WELL: County: Saline	Fraction 1/4 SW 1/4 SW 1/4 S	E .	on Number 4	Township No. T 14 S	Range Number R 3 □E ☑W
Street/Rural Address of Well Location; if unknown, distance & direction			Global Positioning System (GPS) information:		
from nearest town or intersection: If at owner's address, check here .		. Latitu	Latitude: .38,856577 (in decimal degrees)		
Bunge Salina Elevator		Long	Longitude: 97.661754 (in decimal degrees)		
1112 North Halstead Rd., Salina, KS 67401			Elevation: .1242.61		
2 WATER WELL OWNER: Bunge North America, Inc.			Collection Method:		
RR#, Street Address, Box #: PO Box 28500			GPS unit (Make/Model:)		
City, State, ZIP Code : St. Louis, MO 63146			☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey		
	ccuracy: 🗸 <	3 m, ∐ 3-5 m, ∐	5-15 m, □ >15 m		
3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 39.0 ft.					
WITH AN "X" IN SECTION BOX:  N  Depth(s) Groundwater Encountered (1) 25. ft. (2).N/A					
WELL'S STATIC WATER LEVEL 25.ft. below land surface measured on mo/day/yr\-3\3					
Pump test data: Well water was NAft. after WA hours pumping NA gpm					
EST. YIELD. N/Agpm. Well water was. N/Aft. after. N/A hours pumping. N/A					
W Bore Hole Diameter 8.25 in. to .39.0 ft., and .N/A in. to .N/A ft.					
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well  Domestic Feedlot Oil field water supply Dewatering Other (Specify below)					
SW  -SE					
Was a chemical/bacteriological sample submitted to Department?  Yes V No					
s If yes, mo/day/yr sample was submitted. N/A					
mile  Water well disinfected? ☐ Yes ☑ No					
5 TYPE OF CASING USED: Steel PVC Other					
CASING IOINTS:   Glued   Clamped   Welded   Threaded					
Casing diameter 2 in to 29.0 ft. Diameter N/A in to N/A ft. Diameter N/A in to N/A ft.					
Casing height above land surface. 30 in., Weight N/A lbs./ft., Wall thickness or gauge No. Schedule 40					
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel PVC Other (Specify)					
Steel Stainless Steel PVC Other (Specify)					
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)  SCREEN-PERFORATED INTERVALS: From					
From N/A ft. to N/A ft., From N/A ft. to N/A ft.					
GRAVEL PACK INTERVALS: From 26 ft to 39 ft From N/A ft to N/A ft.					
From N/A ft. to N/A ft. From N/A ft. ft. to N/A ft.					
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other 0-2 feet concrete					
Grout Intervals: From A. It. to A. It., From MA. It. to MA.					
What is the nearest source of possible contamination:  Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)					
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					
Direction from well North		stance from w			· · · · · · · · · · · · · · · · · · ·
FROM TO LITHOLOG			-	***************************************	UGGING INTERVALS
0 39 well was blind drilled		6 30	laccours,	s moist in	reg-high plastical
O H Top Soil, dry	<u> </u>	$\frac{1}{2}$	Sand 1	low/no son	ne clay 57R
4 1845: Hx Nov 104	and the same of th	21-	4/6 Y	ellowist C	ed Saturated.
Yellowish Draw			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		And the Angelian Control of the Cont
plastic.	de 200 miles de la companya del companya de la companya del companya de la companya del la companya de la compa	39	Shale		
OBIM 16 Silty day 10 XP					
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under my jurisdiction and was completed on (mo/day/year) .12-6-2012 and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. 759 This Water Well Record was completed on (mo/day/year) 710-2013					
under the business name of RAZEK Environmental, LLC by (signature)  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					
INSTRUCTIONS: Use typewriter or ball point pen	. PLEASE PRESS FIRMLY and PLEASE PRESS FIRMLY	RINT clearly. Ple	ase fill in blank	s and check the corre	ct answers. Send three copies
(white, blue, pink) to Kansas Depar tment of Health Telephone 785-296-5524. Send one copy to WAT	and E nvironment, Bureau of Wate TER WELL OWNER and retain o	er, Geology Sectione for your reco	on, 1000 SW Ja rds. I nclude <u>fe</u>	e of \$5.00 for each c	onstructed well. Vi sit us at
http://www.kdheks.gov/waterwell/index.html.					
KSA 82a-1212		C	heck: 🔲 W	hite Copy, 🔲 B	lue Copy, Pink Copy