

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>		$\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	<b>5</b>	<b>T 15 S</b>	<b>R 1 EW</b>
Distance and direction from nearest town or city street address of well if located within city? <b>7342 E. Schilling Road, Kipp, Kansas</b>					
2 WATER WELL OWNER: <b>General Mills</b>					
RR#, St. Address, Box # : <b>One General Mills Boulevard</b>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <b>Minneapolis, Minnesota</b>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>46</b> ft. ELEVATION: <b>0</b>			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL ... <b>16.55</b> ft. below land surface measured on mo/day/yr ... <b>4/10/03</b>			
		Pump test data: Well water was ... <b>NA</b> ft. after ... hours pumping ... gpm			
		Est. Yield ... <b>NA</b> gpm: Well water was ... ft. after ... hours pumping ... gpm			
		Bore Hole Diameter ... <b>8</b> in. to ... <b>46.78</b> 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 <b>10</b> Monitoring well			
		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	
<b>2</b> PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter ... <b>2</b> in. to ... <b>36</b> ft., Dia ... in. to ... ft., Dia ... in. to ... ft.				8 Concrete tile	
Casing height above land surface ... in., weight ... lbs./ft. Wall thickness or gauge No. ... <b>Sch. 40</b>				9 Other (specify below) Welded ... Threaded. <input checked="" type="checkbox"/>	
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel		3 Stainless steel		<b>7</b> PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
				9 ABS	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		8 Saw cut	
1 Continuous slot		<b>3</b> Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) ...	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From ... <b>36</b> ft. to ... <b>46</b> ft., From ... ft. to ... ft.					
GRAVEL PACK INTERVALS: From ... <b>34</b> ft. to ... <b>46.78</b> ft., From ... ft. to ... ft.					
6 GROUT MATERIAL: <b>1</b> Neat cement 2 Cement grout <b>3</b> Bentonite 4 Other					
Grout Intervals: From ... <b>0</b> ft. to ... <b>30.5</b> ft., From ... <b>30.5</b> ft. to ... <b>34</b> ft., From ... ft. to ... ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
				13 Insecticide storage	
				<b>16</b> Other (specify below) <b>Unknown</b>	
Direction from well? 0					
LITHOLOGIC LOG					
FROM	TO	PLUGGING INTERVALS			
0	5	Topsoil			
5	7	Clay, Brown to Light Brown			
7	10	Clay, Light Brown			
10	12	Silty Clay, Yellowish Orange, black streaks			
12	15	Silty Clay, Light Brown			
15	17	Silty Clay, Light Brown			
17	20	Silty Clay, Sandy Clay, Light Brown			
20	22	Silty Sand, Brown to Light Brown			
22	25	Silty Sand, Light Brown			
25	30	Silty Sand, Light Brown			
30	32	Clay, Olive Gray			
32	35	Clay			
35	40	Clay			
40	45	Clay			
		MW1, Tag # , Flushmount			
		Project Name: Wilson - General Mills			
		GeoCore # 1057			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>1</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ... <b>3/25/03</b> and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. ... <b>527</b>		This Water Well Record was completed on (mo/day/yr) ... <b>4/20/03</b>			
under the business name of <b>GeoCore Inc.</b>		by (signature) <i>Dra Bly</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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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