

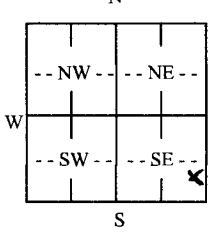
**WATER WELL RECORD Form WWC-5**

Division of Water Resources App. No.  Well ID

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: <u>Rice</u>	Fraction SE ¼ NE ¼ SE ¼ SE ¼	Section Number <u>33</u>	Township Number T <u>19</u> S	Range Number R <u>8</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
---	---------------------------------	-----------------------------	----------------------------------	---

<b>2 WELL OWNER:</b> Last Name: <u>Archer Daniels Midland Company</u> Business: <u>Archer Daniels Midland Company</u> Address: <u>8800 West 110th, Suite 220</u> City: <u>Overland Park</u> State: <u>KS</u> ZIP: <u>66210</u>	First: _____ Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/>
---	---

<b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b> 	<b>4 DEPTH OF COMPLETED WELL:</b> <u>40</u> ft. Depth(s) Groundwater Encountered: 1) _____ ft. 2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well WELL'S STATIC WATER LEVEL: <u>21.10</u> ft. <input type="checkbox"/> below land surface, measured on (mo-day-yr) <u>6-25-2019</u> <input type="checkbox"/> above land surface, measured on (mo-day-yr) _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Estimated Yield: _____ gpm Bore Hole Diameter: <u>3.25</u> in. to <u>40</u> ft. and _____ in. to _____ ft.	<b>5 Latitude:</b> <u>38.350405</u> (decimal degrees) <b>Longitude:</b> <u>-98.202309</u> (decimal degrees) Horizontal Datum: <input checked="" type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27 Source for Latitude/Longitude: <input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Online Mapper: _____  <b>6 Elevation:</b> <u>NA</u> ft. <input type="checkbox"/> Ground Level <input type="checkbox"/> TOC Source: <input type="checkbox"/> Land Survey <input type="checkbox"/> GPS <input type="checkbox"/> Topographic Map <input type="checkbox"/> Other _____
--	--	--

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot 3. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID _____ 6. <input type="checkbox"/> Dewatering: how many wells? _____ 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input checked="" type="checkbox"/> Monitoring: well ID <u>MW-304</u> 9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): _____
--	---	---

Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted: \_\_\_\_\_  
 Water well disinfected?  Yes  No

**8 TYPE OF CASING USED:**  Steel  PVC  Other \_\_\_\_\_ CASING JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter 1 in. to 20 ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ 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:**  
 Steel  Stainless Steel  Fiberglass  PVC  Other (Specify) \_\_\_\_\_  
 Brass  Galvanized Steel  Concrete tile  None used (open hole)  
**SCREEN OR PERFORATION OPENINGS ARE:**  
 Continuous Slot  Mill Slot  Gauze Wrapped  Torch Cut  Drilled Holes  Other (Specify) \_\_\_\_\_  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
**SCREEN-PERFORATED INTERVALS:** From 20 ft. to 40 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**GRAVEL PACK INTERVALS:** From 18 ft. to 40 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other \_\_\_\_\_  
 Grout Intervals: From 1 ft. to 18 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
**Nearest source of possible contamination:**  
 Septic Tank  Lateral Lines  Pit Privy  Livestock Pens  Insecticide Storage  
 Sewer Lines  Cess Pool  Sewage Lagoon  Fuel Storage  Abandoned Water Well  
 Watertight Sewer Lines  Seepage Pit  Feedyard  Fertilizer Storage  Oil Well/Gas Well  
 Other (Specify) \_\_\_\_\_  
 Direction from well? \_\_\_\_\_ Distance from well? \_\_\_\_\_ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	7	Silt loam, brown, damp			
7	14	Silt loam, light brown, damp			
15	23	Silt loam, light brown, moist			
23	28	Silt loam, light brown, sandy, wet			
28	30	Clay loam, light brown, moist to wet			
Notes:					

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 6-24-2019 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo-day-year) 7/25/19 under the business name of Environmental Priority Service, Inc. Signature P.A. Hjt