

|  |      |  |   |                         |  |
|--|------|--|---|-------------------------|--|
| 1 LOCATION OF WATER WELL:  |      | Fraction   | Section Number  | Township Number         | Range Number                             |
| County: <b>Sumner</b>  |      | <b>NW ¼ NW ¼ SE ¼</b>  | <b>23</b>   | <b>T 32 S</b>           | <b>R 01 W</b>                            |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>Northeast of Botkins Street and Hargis Creek</b>   |      |  |   |                         |  |
| 2 WATER WELL OWNER:  |      | <b>Cargill, Inc.</b>   |   |                         |  |
| RR#, St. Address, Box # :  |      | <b>715 E. 13<sup>th</sup> St. N</b>  |   |                         |  |
| City, State, ZIP Code :  |      | <b>Wichita, KS 67214</b>   |   |                         |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |      | 4 DEPTH OF COMPLETED WELL <b>19.7</b> ft. ELEVATION: _____   |   |                         |  |
|  |      | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.   |   |                         |  |
|  |      | WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____   |   |                         |  |
|  |      | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm   |   |                         |  |
|  |      | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm   |   |                         |  |
|  |      | Bore Hole Diameter <b>8.5</b> in. to <b>20</b> ft. and _____ in. to _____ ft.  |   |                         |  |
| WELL WATER TO BE USED AS:  |      | 5 Public water supply      8 Air conditioning      11 Injection well<br>1 Domestic      3 Feed lot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation      4 Industrial      7 Lawn and garden (domestic) <b>10 Monitoring well</b> |   |                         |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____  |      |  |   |                         |  |
| Water Well Disinfected? Yes _____ No <b>X</b>  |      |  |   |                         |  |
| 5 TYPE OF BLANK CASING USED:   |      |  |   |                         |  |
| 1 Steel  |      | 3 RMP (SR)   | 5 Wrought Iron  | 8 Concrete tile         | CASING JOINTS: Glued _____ Clamped _____ |
| <b>2 PVC</b>   |      | 4 ABS  | 6 Asbestos-Cement   | 9 Other (specify below) | Welded _____                             |
|  |      | 7 Fiberglass   | <b>Threaded Flush</b>   |                         |  |
| Blank casing diameter <b>2</b> in. to <b>14.7</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.  |      |  |   |                         |  |
| Casing height above land surface <b>Flushmount</b> in., weight <b>0.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>  |      |  |   |                         |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |      |  |   |                         |  |
| 1 Steel  |      | 3 Stainless steel  | 5 Fiberglass  | 8 RMP (SR)              | 11 Other (specify) _____                 |
| 2 Brass  |      | 4 Galvanized steel   | 6 Concrete tile   | 9 ABS                   | 12 None used (open hole)                 |
| SCREEN OR PERFORATION OPENINGS ARE:  |      |  |   |                         |  |
| 1 Continuous slot  |      | <b>3 Mill slot</b>   | 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 <b>14.7</b> ft. to <b>19.7</b> ft. From _____ ft. to _____ ft.   |      |  |   |                         |  |
| GRAVEL PACK INTERVALS: From <b>14</b> ft. to <b>19.7</b> ft. From _____ ft. to _____ ft.   |      |  |   |                         |  |
| 6 GROUT MATERIAL:  |      |  |   |                         |  |
| 1 Neat cement  |      | 2 Cement grout   | <b>3 Bentonite</b>  | <b>4 Other Grout</b>    |  |
| Grout Intervals From <b>1</b> ft. to <b>11</b> ft. From <b>11</b> ft. to <b>14</b> 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? _____ How many feet? _____  |      |  |   |                         |  |
| FROM   | TO   | CODE   | LITHOLOGIC LOG  | FROM                    | TO                                       |
| 0  | 5    |  | <b>Not logged</b>   |                         |  |
| 5  | 7.5  | CL   | <b>Clay, dark brown</b>   |                         |  |
| 7.5  | 8.5  | CL   | <b>Clay, light gray, some sand</b>  |                         |  |
| 8.5  | 9.5  | SW   | <b>Sand, light green, little gravel, trace silt &amp; clay</b>                    |                         |  |
| 9.5  | 10   | SP   | <b>Sand, fine grain, light brown, trace silt &amp; clay</b>                       |                         |  |
| 10   | 19.7 | SW   | <b>Sand, med to coarse grain, with gravel, light brown, trace silt &amp; clay</b> |                         |  |
| 19.7   | 20   | SH   | <b>Shale, greenish gray</b>   |                         |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>8-8-05</b> and this record is true to the best of my knowledge and belief. Kansas                                  |      |  |   |                         |  |
| Water Well Contractor's License No. <b>531</b>   |      |  | This Water Well Record was completed on (mo/day/yr) <b>9-19-05</b>                |                         |  |
| under the business name of <b>Geotechnical Services, Inc.</b>  |      |  | by (signature) <i>Alison M. [Signature]</i>                                       |                         |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |      |  |   |                         |  |

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