USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

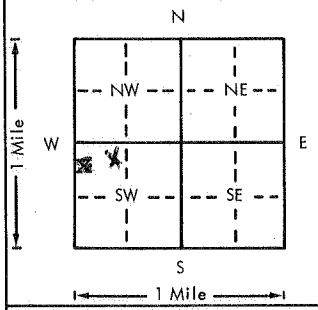
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Lyon	NE 1/4 NW 1/4 SW 1/4	17	T 19 S	R 11 E/~~W~~

2. Distance and direction from nearest town or city:
SW Edge of Emporia, Kansas
Street address of well location if in city:

3. Owner of well: Iowa Beef Processors, Inc.
R.R. or street: Dakota City, Nebr. 68731
City, state, zip code:

4. Locate with "X" in section below:



Sketch map:

Well No. 14

6. Bore hole dia. 11 in. Completion date 11/6/76
Well depth 40 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: __ Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water X Other

9. Casing: Material ____ Height: Above ~~or below~~
Threaded ____ Welded ____ Surface 18 in.
RMP ____ PVC X Weight ____ lbs./ft.
Dia. 4 in. to 40 ft. depth Wall Thickness: inches or
Dia. ____ in. to ____ ft. depth gage No. Class 160

5. Type and color of material	From	To
Top soil	0	2
Clay	2	20
Large gravel, rocks, flat & round stones,		
different sizes & shapes-loose formation	20	30
Soft blue shale	30	40

(Use a second sheet if needed)

10. Screen: Manufacturer's name ____
Type PVC Dia. 4"
Slot/gauze 1/8" Length 9'
Set between 25 ft. and 30 ft.
36 ft. and 40 ft.
Gravel pack? yes Size range of material 1/8-1/4"

11. Static water level: mo./day/yr.
4.4 ft. below land surface Date 11/30/76

12. Pumping level below land surfaces:
____ ft. after ____ hrs. pumping ____ g.p.m.
____ ft. after ____ hrs. pumping ____ g.p.m.
Estimated maximum yield ____ g.p.m.

13. Water sample submitted: mo./day/yr.
__ Yes X No Date ____

14. Well head completion:
__ Pitless adapter 18 Inches above grade

15. Well grouted? yes
With: __ Neat cement __ Bentonite X Concrete
Depth: From 0 ft. to 10 ft.

16. Nearest source of possible contamination: Sewage Lagoon
ft. 230 Direction North Type
Well disinfected upon completion? __ Yes X No

17. Pump: X Not installed
Manufacturer's name ____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.p.m.
Type:
__ Submersible __ Turbine
__ Jet __ Reciprocating
__ Centrifugal __ Other

18. Elevation:
Topography:
__ Hill
__ Slope
__ Upland
X Valley

19. Remarks:
Purpose of this well is to be able to monitor any changes in ground water quality from possible seepage from adjacent sewage lagoons.

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name Layne Western Co. License No. 102
Address Wichita, Kansas
Signed [signature] Date 11-17-76
Authorized representative

T 19 R 11 E/W Sec 17 1/4 NE NW SW 1/4 Sid

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023