

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 Lyon	Fraction NE 1/4 SW 1/4 SW 1/4	Section number 17	Township number T 19 S R 11 E	Range number 11 E
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: N W E S 1 Mile			Sketch map: Well No. 5		
5. Type and color of material			From	To	6. Bore hole dia. <u>11</u> in. Completion date <u>11/22/76</u> Well depth <u>40</u> ft.
Top soil			0	2	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary
Clay			2	20	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water. <input checked="" type="checkbox"/> Other
Large gravel, rocks, flat & round stones, different shapes & sizes, loose formation			20	30	9. Casing: Material _____ Height: Above or Below _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>40</u> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <u>Class 160</u>
Soft blue shale			30	40	10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>1/8"</u> Length <u>15"</u> Set between <u>25</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1/8-1/4</u> ft.
					11. Static water level: _____ mo./day/yr. <u>6.92</u> ft. below land surface Date <u>11/30/76</u>
					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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade
					15. Well grouted <input checked="" type="checkbox"/> yes With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
					16. Nearest source of possible contamination: <u>Sewage</u> ft. <u>50</u> Direction <u>N.</u> Type <u>Lagoon</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other
			(Use a second sheet if needed)		
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> 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. Layne Western Co. 102 Business name License No. Address 1011 W. Harry, Wichita, KS Signed <i>[Signature]</i> Date 12/21/76 Authorized representative

T 19 R 11 W 12 Sec 1/4 NE 1/4 SW 1/4

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

Form WWC-5