

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 SE 1/4 SW 1/4	Section number 17	Township number T 19 S R 11 E	Range number
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, Nebraska 68731 City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: Well No. 2		6. Bore hole dia. <u>4</u> in. Completion date <u>11/5/76</u> Well depth <u>40</u> ft.	
		7. 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		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	
		9. Casing: Material <input type="checkbox"/> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>4</u> in. to <u>40</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. Class 160		10. Screen: Manufacturer's name _____ Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>1/8"</u> Length <u>9'</u> Set between <u>22</u> ft. and <u>27</u> ft. <u>36</u> ft. and <u>40</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/8 x 1/4"</u>	
5. Type and color of material			From	To	11. Static water level: _____ mo./day/yr. <u>5.8</u> ft. below land surface Date <u>11/30/76</u>
Top soil			0	2	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.
Clay			2	20	13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____
Large gravel, rocks, flat & round stones,					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade
different shapes & sizes-loose formation			20	27	15. Well grouted? <u>yes</u> 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.
Soft blue shale			27	40	16. Nearest source of possible contamination: <u>Sewage</u> ft. <u>30</u> Direction <u>West</u> Type <u>Lagoon</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(Use a second sheet if needed)					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
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 Wichita, Kansas Signed <u>[Signature]</u> Date <u>11-17-76</u> Authorized representative		

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

Form WWC-5