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

WATER WELL RECORD
KSA 82a-1201-1215

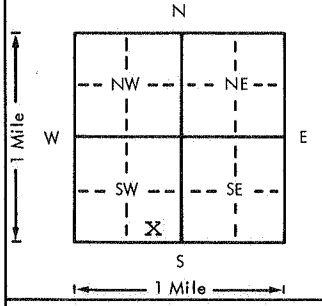
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Lyon	SW1/4 SE 1/4 SW 1/4	17	T 19 S	R 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, Nebraska
City, state, zip code: 68731

4. Locate with "X" in section below:



Sketch map:
Well No. 3

6. Bore hole dia. 11 in. Completion date
Well depth 31 ft. 11/4/76

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 ~~XXXXX~~
Threaded ___ Welded ___ Surface 18 in.
RMP ___ PVC X Weight ___ lbs./ft.
Dia. 4 in. to 31 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 shapes & sizes-loose formation	20	29
Soft blue shale	29	31
(Use a second sheet if needed)		

10. Screen: Manufacturer's name
Type PVC Dia. 4"
Slot/gauze 1/8" Length 5'
Set between 24 ft. and 29 ft.
ft. and ft.
Gravel pack? yes Size range of material 1/8 x 1/4

11. Static water level: mo./day/yr.
9.5 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
ft. 75' Direction North Type Lagoon
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 frompossible 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 Authorized representative Date 11/17/76

T 19 R 11 E Sec 17 1/4 1/4 SW SE SW 1/4

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

Form WWC-5

MI-1023