WATER WELL RECORD KSA 82a-1201-1215

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

	County	Fraction		Section number		Township number	Range number	
1. Location of well:	Lyon	SW/4 NW/4 SW	1/4		17	T 19 s	R 11 E	
SW Edge of Emporia, Kansas R.R. or s Street address of well location if in city:				ate, zip code:				
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. $\frac{11}{40}$ in. Well depth $\frac{40}{10}$ ft.	Completion date	
Well No. 6						7 Cable tool X Rotary Driven Dug Hollow rod Jetted Bored Reverse rotary 8. Use: Domestic Public supply Industry		
E X						Irrigation Air conditioning Stock Lawn Oil field water X Other 9. Casina: Material Height: Above and Air Stock		
S 1 Mile 1 Mile 1						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		k A
5. Type and color of material				From	То	Diain. toft. dep	The state of the s	3.0
Top soil				0	2			
Clay				2	20	Set between 25 ft. and 30 ft.		
	avel, rocks, fl					Gravel pack? <u>V</u> ESize ra	nge of material 1/8 x	1/4"
different sizes & shapes-loose formation Soft blue shale					30	2.0 ft. below land surface Date 1130176		
SOLE DIA	e snare	and a grant of the second		30	40	ft. after	hrs. pumpingg.p.m. hrs. pumpingg.p.m.	
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						14. Well head completion:	Date	
			 			Pitless adapter 15. Well grouted?	Bentonite X Concrete	1
						16. Negrest source of possible ft	e contamination: Sewage West Type Lagoot	
						17. Pump: Manufacturer's name	YesX NoX Not installedHPVolts	
		and the second s					ft. capacityg.p.m.	≤(
	(Use a second	sheet if needed)				Jet Centrifugal	Reciprocating Other	Sec
18. Elevation:	Purpose of this well is to be able to monitor any changes in ground water				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.			
Topography: — HIII — Slope — Upland — X Valley quality from possible seepage from adjacent sewage lagoons						Layne Weste Business name Address Working Signed Authorized rei	Kansas Kansas Dolf-19-0	1/4 1/4 W
<u> </u>	lue and pink copies to the Departmen	t of Health and Environment				1	Form WWC-5	3 - 1 V