

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 SE 1/4NW 1/4 SE 1/4	Section number 18	Township number T 19 S	Range number R 11 E
2. Distance and direction from nearest town or city: SE 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 1 Mile		Sketch map: Well No. 16		6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>40</u> ft. <u>11/6/76</u>	
5. Type and color of material		From To		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	
				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	
Top soil		0 2		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. Class 160	
Clay		2 20		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>25</u> ft. and <u>30</u> ft. <u>36</u> ft. and <u>40</u> ft. Gravel pack? <input checked="" type="checkbox"/> Yes Size range of material <u>1/8 x 1/4"</u>	
Large gravel, rocks, flat & round stones				11. Static water level: _____ mo./day/yr. <u>6.1</u> ft. below land surface Date <u>11/30/76</u>	
different sizes & shapes-loose formation		20 27		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.	
Soft blue shale		27 40		13. Water sample submitted: _____ mo./day/yr. 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: Sewage ft. <u>35</u> Direction <u>West</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	
				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 <u>Wichita, Kansas</u> Signed _____ Date <u>11/11/76</u> Authorized representative	
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.			

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

Form WWC-5

19 110 18 1/4 1/4 1/4 1/4 SE WUSE