

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 <b>Lyon</b>	Fraction <b>NE 1/4 SW 1/4 SE 1/4</b>	Section number <b>18</b>	Township number <b>T 19 S</b>	Range number <b>R 11 E</b>		
2. Distance and direction from nearest town or city: <b>SW Edge of Emporia, Kansas</b> Street address of well location if in city:			3. Owner of well: <b>Iowa Beef Processors, Inc.</b> R.R. or street: <b>Dakota City, Nebr. 68731</b> City, state, zip code:				
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map:  <b>Well No. 11</b>		6. Bore hole dia. <u>1 1/2</u> in. Completion date <u>11/5/76</u> Well depth <u>40</u> ft.			
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			
		Top soil		0	2	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	
		Clay		2	20	9. Casing: Material _____ Height: Above ground <del>26 to 28</del> 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. <b>Class 160</b>	
		Large gravel, rocks, flat & round stones,				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? <u>yes</u> Size range of material <u>1/8" x 1/4"</u>	
		different shapes & sizes-loose formation		20	30	11. Static water level: _____ mo./day/yr. <u>10.3</u> ft. below land surface Date <u>11/30/76</u>	
		Soft blue shale		30	40	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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____	
						14. Well head completion: <input type="checkbox"/> Pitless adapter <u>18</u> Inches above grade	
						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.	
						16. Nearest source of possible contamination: <u>Sewage</u> ft. <u>25</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			
(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:  <b>Purpose of this well is to be able to monitor any changes in ground water quality from possible seepage from adjacent sewage lagoons</b>			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. <b>Layne Western Co., Inc. 102</b> Business name <u>Wichita, Kansas</u> License No. _____ Address _____ 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

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