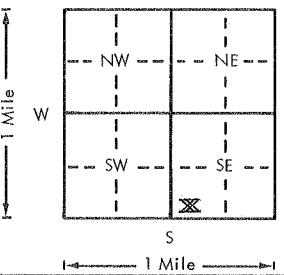


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>SW 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 <del>XX</del></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: Sketch map:  <b>Well No. 10 B</b>			6. Bore hole dia. <b>8</b> in. Completion date _____ Well depth <b>28</b> ft. <b>4/27/77</b>		
5. Type and color of material			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			9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface <b>24</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>22</b> ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. <b>Class 160</b>		
			10. Screen: Manufacturer's name _____ Type <b>PVC</b> Dia. <b>4"</b> Slot/gauze <b>1/8"</b> Length <b>6'</b> Set between <b>22</b> ft. and <b>28</b> ft. _____ ft. and _____ ft. Gravel pack? <b>yes</b> Size range of material <b>1/8-1/4"</b>		
Brown & blue clay			11. Static water level: _____ mo./day/yr. <b>7.50</b> ft. below land surface Date <b>4/27/77</b>		
Silty med. to coarse sand & gravel			12. Pumping level below land surfaces: <b>No Test</b> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
Med. to coarse sand & gravel w/large rock & boulders			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
Limey shale			14. Well head completion: _____ <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade		
			15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
			16. Nearest source of possible contamination <b>Sewage Lagoon</b> ft. <b>250</b> Direction <b>NE</b> Type _____ Well disinfected upon completion? _____ Yes _____ 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 groundwater 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., 102</b> Business name License No. _____ Address <b>Wichita, Kansas</b> Signed <b>Larry G. Krall</b> Date <b>5/27/77</b> Authorized representative	

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

Form WWC-5

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