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:	Clay	SE 1/4 SE 1/4 NE	<u>5</u> 1/4	1	9		R 3	@ w	
2. Distance and direction from nearest town or city: . 7 S OF 3. Owner of well: EMMANUEL INS. BAPTIST ("hunch									
Street address of well location if in city: Clay CENTER R.R. or street: RT1 City, state, zip code: Clay CENTER, Kans, 67432								3)	
4. Locate with "X" in section below: Sketch map:						6. Bore hole dia. 12 in.	Completion date.		
N						Well depth / ft.			
						7 Cable tool L Rotary Hollow rod Jetted			
· · · · · · · · · · · · · · · · · · ·						8. Use: Domestic Pu			
					سرم	Irrigation Ai			
sw	SE 74		1		+ '	Lawn Oi 9. Casing: Material Pic			
<u> </u>		300'				Threaded Welded	_iSurface 2 ¶	in.	
S						RMP PVC G/_ Dia. 5_ in. to 160 ft. dep			
1 ←				From	То	Dia in. to ft. dept			
				ļ		10. Screen: Manufacturer's name			
Top Soil				0	4	Type PVC	Dia 5		
C/1 0.0				_,	1	(Slot)gauze	Length 70		
Cify, BROWN, SIITY FINE SAND				4	63	Set betweenft. a		ft.	
	Fine SAND			63	70	Gravel pack? Size ran		oxided.	
Course Sand, fer glues			20	75	11. Static water level:97ft. below land sur		o./day/yr.		
Shalegray, SOFT			75	118	12. Pumping level below land surfaces:				
3.					ft. after h		· · · · · · · · · · · · · · · · · · ·		
Limestone, youlder, SOFT (10050)				118	125	Estimated maximum yieldg.p.m.			
Limes Towe, glay (Hale)				125	136	13. Water sample submitted: mo./day/yr. Yes No Date			
Stale, grey Red				136	16c	14. Well head completion:			
						Pitless adapter	4 Inches above	e grade	
			-			15. Well grouted? With:Neat cement	Bentonite	Concrete	
					 	Depth: From ft. to _			
						16. Nearest source of possible contamination: ft. 300 Direction W Type Septic			
						Well disinfected upon completion? Yes No			
						17. Pump:	Not installed	- J.	
				1		Manufacturer's name Model number	_ HP V	olts	
				<u> </u>	ļ		_ ft. capacity	_g.p.m. €(r	
						Type: Submersible	Turbir	ne .	
(Use a second sheet if needed)						Jet Centrifugal		rocating	
18. Elevation: 19. Remarks:					1	20. Water well contractor's c		—— * N	
						This well was drilled under my	jurisdiction and th	is report	
Topography: OWNER TO INSTAIN SILL						is true to the best of my knowledge and belief.			
Hill Hill						Business name	17 W	cense No.	
Slope Upland						Address A 1 1+0	11 lon 155	1 2 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Upland Valley						Signed Authorized repr	esentative Date	*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Forward the white, blu	e and pink copies to the Department	of Health and Environment					Form W	wc-5	