

9E

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

ACB

WATER WELL RECORD
KSA 82a-1201-1215

NW 1/4 NE 1/4

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

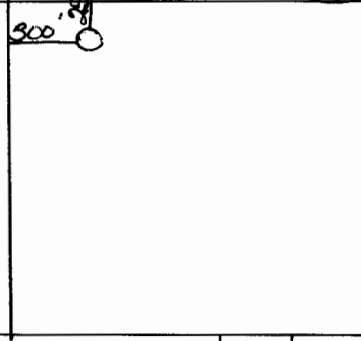
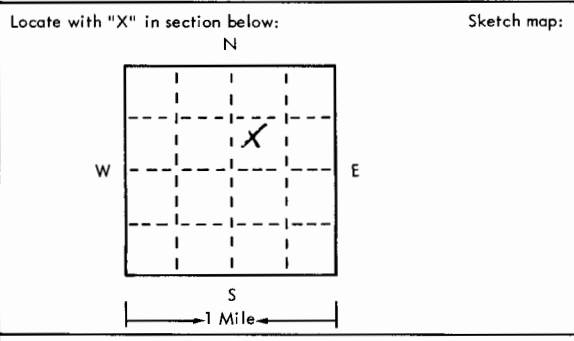
1 Location of well:	County Nemaha	Township name Silman	Fraction W 1/4 NE 1/4	Section number 36	Town number 2	Range number 13
---------------------	-------------------------	--------------------------------	---------------------------------	-----------------------------	-------------------------	---------------------------

Distance and direction from nearest town or city: **5 1/2 East Seneca, Kansas**

Street address of well location if in city: _____

3 Owner of well: **Nemaha County Sanitary Landfill**

Address: **Seneca, Kansas**



4 Well depth: **60** ft. Date of completion: **5/4/75**

Well diameter **6** in.

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

6 Use: Domestic Public supply Industry
 Irrigation Air conditioning Commercial
 Test well **Pizz Well**

7 Casing: Material **PVC** Height: above/below
Threaded Welded Surface **40** in.
Diam. _____ Weight **53** lbs./ft.
2 in. to **60** ft. depth Drive shoe? Yes No
_____ in. to _____ ft. depth

2 Well No	Type and color of material	From	To
	Top Soil	0	1
	Yellow Clay	1	12
	Yellow Sandy Clay	12	20
	Gray Sandy Clay	20	23
	Yellow Sandy Clay	23	31
	Sand	31	43
	Yellow Sandy Clay	43	60
(use a second sheet if needed)			

8 Screen: Manufacturer **Cemented**
Type **PVC** Dia. _____
Slot/gauge **.080** Length **20**
Set between **40** ft. and **60** ft.
Fittings: Gravel pack Yes No Size range of material **1/4" x 1/8"**

9 Static water level: **21'4"** ft. below land surface Date **5/13/75**

10 Pumping level below land surfaces: **NA**
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

11 Water sample submitted: Yes No Date _____

12 Well head completion: **Capped**
 Pitless adapter Inches above grade

13 Well grouted? Yes No
 Neat cement Bentonite _____
Depth: From **0** ft. to **10** ft.

14 Nearest source of possible contamination: **Backyard**
ft. **2,000** Direction _____ Type _____
Well disinfected upon completion? Yes No

15 Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type: Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

16 Remarks: elevation _____

Topography: Hill Slope Upland Valley

17 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.

Strader Drilling Co. Inc 182
Business name License No. _____
Address **Rt 1 Holton, KS**
Signed **Dana Johnson** Date **6/3/75**
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

LR