

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

ACD
WATER WELL RECORD
KSA 82a-1201-1215
SENeca

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 Gilman | Fraction W 1/2 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, Kans | | | | 3 Owner of well: Nemaha County Sanitary Landfill | | |
| Street address of well location if in city: | | | | Address: Seneca, KS | | |
| Locate with "X" in section below: | | Sketch map: | | 4 Well depth: 60 ft. Date of completion 5/10/75 Well diameter 6 in. | | |
| | | | | 5 <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 | | |
| 2 Well No 4 | | | | 6 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"/> Commercial <input type="checkbox"/> Test well <input checked="" type="checkbox"/> Pizz well | | |
| | | | | 7 Casing: Material PVC Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 32 in. Diam. 2 in. to 60 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2 in. to 60 ft. depth | | |
| Type and color of material | | From | To | 8 Screen: Manufacturer Ceastained Type PVC Dia. 2 Slot/gauge .080 Length 20 Set between 40 ft. and 60 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4 x 1/8 | | |
| Yellow Clay | | 0 | 13 | 9 Static water level: 16' 2" ft. below land surface Date 5/13/75 | | |
| Yellow Sandy Clay | | 13 | 18 | 10 Pumping level below land surfaces: N.A. ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m. | | |
| Gray Sandy Clay | | 18 | 29 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ | | |
| Yellow Sandy Clay | | 29 | 53 | 12 Well head completion: Capped <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade | | |
| Sand, Gravel to 1/2" | | 53 | 59 | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 0 ft. to 10 ft. | | |
| Yellow Sandy Clay | | 59 | 60 | 14 Nearest source of possible contamination: ft. 2,000 Direction _____ Type Barry rd Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (use a second sheet if needed) | | | | 15 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 | | |
| 16 Remarks: elevation _____ Topography: _____ <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> 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 Holden, KS Signed James Johnson Date 6/3/75 Authorized Representative | | |

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

Form WWC-5