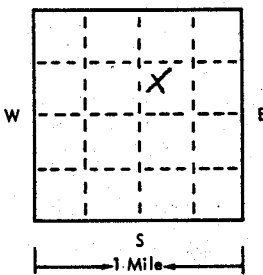



USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

213E363E4SWF  
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<br><u>Nebraska</u> | Township name<br><u>Gilman</u>   | Fraction<br><u>W 1/2 NE 1/4</u>  | Section number<br><u>36</u>  | Town number<br><u>2</u> | Range number<br><u>13</u> |  |   |  |
| Distance and direction from nearest town or city:<br><u>5 1/2 East</u><br><u>Seneca, Kansas</u>  |                           |  | 3 Owner of well: <u>Nebraska County Sanitary</u><br><u>Land 11</u><br>Address: <u>Seneca, Kansas</u> |  |                         |                           |  |   |  |
| Locate with "X" in section below:<br>N<br><br>S<br>W E<br>1 Mile  |                           | Sketch map:<br> |  | 4 Well depth: <u>60</u> ft. Date of completion <u>5/9/75</u><br>Well diameter <u>6</u> in. |                         |                           |  |   |  |
| 2  |                           | Type and color of material   |  | From   |                         | To                        |  | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary   |  |
|  |                           |  |  |  |                         |                           |  | 6 Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Commercial<br><input type="checkbox"/> Test well <input checked="" type="checkbox"/> <u>Pizz Well</u>   |  |
|  |                           |  |  |  |                         |                           |  | 7 Casing: Material <u>PVC</u> Height: above/below<br>Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>40</u> in.<br>Diam. <u>2</u> in. to <u>60</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Weight <u>53</u> lbs./ft.  |  |
|  |                           |  |  |  |                         |                           |  | 8 Screen:<br>Manufacturer <u>Cumtained</u><br>Type <u>PVC</u> Dia. <u>40</u><br>Slot/gauge <u>.020</u> Length <u>20</u><br>Set between <u>40</u> ft. and <u>60</u> ft.<br>Fittings:<br>Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>1/4</u> 18   |  |
| 16 Remarks: elevation<br><br>Topography:<br><input type="checkbox"/> Hill<br><input type="checkbox"/> Slope<br><input type="checkbox"/> Upland<br><input checked="" type="checkbox"/> Valley |                           | (use a second sheet if needed)   |  |  |                         |                           |  | 9 Static water level:<br><u>21' 4"</u> ft. below land surface Date <u>5/13/75</u>   |  |
|  |                           |  |  |  |                         |                           |  | 10 Pumping level below land surfaces: <u>N.A.</u><br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>____ ft. after ____ hrs. pumping ____ g.p.m.<br>Estimated maximum yield ____ g.p.m.  |  |
|  |                           |  |  |  |                         |                           |  | 11 Water sample submitted:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ____   |  |
|  |                           |  |  |  |                         |                           |  | 12 Well head completion:<br><input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Capped<br><input type="checkbox"/> Inches above grade  |  |
|  |                           |  |  |  |                         |                           |  | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/><br>Depth: From <u>0</u> ft. to <u>40</u> ft.  |  |
|  |                           |  |  |  |                         |                           |  | 14 Nearest source of possible contamination:<br>ft. <u>2,000</u> Direction <u>NE</u> Type <u>pond</u><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|  |                           |  |  |  |                         |                           |  | 15 Pump: <input checked="" type="checkbox"/> Not installed<br>Manufacturer's name _____<br>Model number _____ HP _____ Volts _____<br>Length of drop pipe _____ ft. capacity _____ g.p.m.<br>Type:<br><input type="checkbox"/> Submersible <input type="checkbox"/> Turbine<br><input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating<br><input type="checkbox"/> Centrifugal <input type="checkbox"/> Other |  |
|  |                           |  |  |  |                         |                           |  | 17 Water well contractor's certification:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Steadie Drilling Co. Inc.</u> 192<br>Business name _____ License No. _____<br>Address <u>211 1st St</u> _____<br>Signed <u>Tommy Steadie</u> Date <u>6/3/75</u><br>Authorized representative   |  |

