

1 LOCATION OF WATER WELL: County: Nemaha	Fraction NW 1/4 NE 1/4 NE 1/4	Section Number 13	Township Number T 3 S	Range Number R 12 (E) W
Distance and direction from nearest town or city street address of well if located within city? Approximately 1 3/4 miles east and 2 miles south of Seneca		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 39.7964 Longitude: -96.018787 Elevation: Unknown Datum: NAD83 Data Collection Method: WAAS GPS Unit		
2 WATER WELL OWNER: City of Seneca RR#, St. Address, Box # : 531 Main City, State, ZIP Code : Seneca, KS 66538-0040				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	<table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td colspan="2">N</td> </tr> <tr> <td style="width:50%; text-align: center;">--NW--</td> <td style="width:50%; text-align: center;">--X--</td> </tr> <tr> <td style="width:50%; text-align: center;">--SW--</td> <td style="width:50%; text-align: center;">--SE--</td> </tr> <tr> <td colspan="2">S</td> </tr> </table>	N		--NW--	--X--	--SW--	--SE--	S	
N									
--NW--	--X--								
--SW--	--SE--								
S									
4 DEPTH OF COMPLETED WELL 103.5 ft.									
Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.									
WELL'S STATIC WATER LEVEL 35 ft. below land surface measured on mo/day/yr 07-09-08									
Pump test data: Well water was Not checked ft. after _____ hours pumping _____ gpm									
Est. Yield Unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
WELL WATER TO BE USED AS: (5) Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____									
Sample was submitted _____ Water well disinfected? Yes <input checked="" type="checkbox"/> No _____									

5 TYPE OF CASING USED:	5 Wrought Iron 8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
(1) Steel 3 RMP (SR)	6 Asbestos-Cement 9 Other (specify below)	Welded <input checked="" type="checkbox"/> _____
2 PVC 4 ABS	7 Fiberglass	Threaded _____
Blank casing diameter 12 in. to 73 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.		
Casing height above land surface 24 in., weight 49.56 lbs./ft. Wall thickness or gauge No. .375		
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel (3) Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) _____		
2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:		
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)		
2 Louvered shutter 4 Key punched (6) Wire wrapped 8 Saw Cut 10 Other (Specify) _____		
SCREEN-PERFORATED INTERVALS: From 73 ft. to 101.5 ft., From _____ ft. to _____ ft.		
From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From 20 ft. to 36 ft., From _____ ft. to _____ ft.		
From 46 ft. to 102 ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat Cement (2) Cement grout (3) Bentonite 4 Other _____			
Grout Intervals: From 0 ft. to 20 ft., From 36 ft. to 46 ft., From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:			
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage	(16) Other (specify below)		
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well	None known		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well			
Direction from well? _____		How many feet? _____	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	27	Clay, gray and brown			
27	44	Clay, brown and gray			
44	45	Sand, fine			
45	51	Sand and gravel, fine, medium, coarse, with boulders			
51	62	Clay, dark gray			
62	73	Clay, dark gray, with sand streaks			
73	101	Sand and gravel, fine, medium, coarse, boulders at 77' carried down as drilling			
101	102	Shale, gray			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **(1) constructed** **(2)** reconstructed **(3)** plugged under my jurisdiction and was completed on (mo/day/year) **07-09-08** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **07-15-08**
 Under the business name of **Clarke Well & Equipment, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. *PLEASE PRESS FIRMLY* and *PRINT* clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.