



WATER-RIGHT DOCKET

Homestead National Monument of America

Docket No: 1

HEADQUARTERS WELL

Preliminary Docket Information

00-00-1942: water right/source docket information

W A T E R D O C K E T I N F O R M A T I O N

A R E A HOMESTEAD N.M.

DOCKET NO. 1

APPLICATION NO.

PERMIT NO.

CERTIFICATE NO.

TITLE OF DOCKET HEADQUARTERS WELL

PRIORITY 1941

REMARKS:

Irr. 57-1

1

Registration No. G-20945 County of Gage Date Filed 18th Day of August 1960

STATE OF NEBRASKA
~~IRRIGATION~~ WELL REGISTRATION
 WATER

Department of the Interior
 I, National Park Service of Beatrice, Nebraska
(Name of Person registering well) (Postoffice Address)

County of Gage State of Nebraska, being first duly sworn upon my oath say:

1st. That the name of the owner of the land upon which the ~~irrigation~~ well is located is Homestead
National Monument, of RFD #1 Street, Beatrice County of Gage
(City or Village)
 State of Nebraska.

2nd. That the ~~irrigation~~ well is located on the NE $\frac{1}{4}$ Quarter of the NW $\frac{1}{4}$ Quarter of Section 26
 Township 4N, Range 6E of the Sixth P. M., Gage County, and ~~it~~ bears S
75° 23' 51" E, a distance of 1470.57 feet from the N.W. corner of Section 26.
 feet from the _____ line and _____ feet from the _____ line of said tract.

3rd. That the well was installed for domestic use and irrigating about 4 acres of landscape
as follows:
 land: NE $\frac{1}{4}$ -NW $\frac{1}{4}$, Sec. 26, T.4N, R.6E
(Give Quarter, Section, Township and Range)

amounting in all to approximately 4 acres of landscape

(If installation consists of a battery of wells with one outlet, give details on a sheet to be attached hereto.)

- 4th. That the capacity of said well under normal operating conditions is 15 gallons per minute.
- 5th. That the depth of the well is 75 feet, measured from the surface of the ground.
- 6th. That the inside diameter of the casing is 6 inches.
- 7th. That the static water level in the well is 9 feet below ground surface.
- 8th. That the depth to water under normal pumping conditions is 28 feet below ground
(Pumping Level) surface.
- 9th. That the diameter of the pump column is 4 inches. That the diameter of the _____
(Give number of bowls)
 bowl or bowls is 4 inches.

10th. That the type and size of impeller is as follows: The water from the well is pumped with a
Fairbanks-Morse Deep Well cylinder having an inside diameter of 3-3/4" suspended from a
drop pipe of 4" inside diameter and 48 ft. in length. The machine lift above the pump is
55 lb. per square inch pneumatic pressure.

11th. That the well was completed on ~~or about~~ the 28 day of May, 19 41.

12th. That attached hereto are three copies of the log of the well certified to by the driller of the well.

13th. That the relation which the subscriber to this affidavit bears to said registrant is that of

Superintendent, Homestead National Monument

(State whether owner, tenant or agent for land on which well is located)

and that he is authorized to make this affidavit in behalf of the interest affected.

STATE OF Nebraska }
Boone County } ss.

Warren D. Hotchkiss
 Warren D. Hotchkiss, Superintendent

I hereby certify that the foregoing was signed in my presence and sworn to before me this 30th day
 of July, 1960.

F. Warner Smith Jr.
 Notary Public
 My Commission Expires January 13, 1963

State of Nebraska }
 Department of Water Resources } ss.

This instrument was filed for record at o'clock.....M., on the.....day of.....19.....

Supporting Hydro Data

EPA Form 7500-11 (9-74)

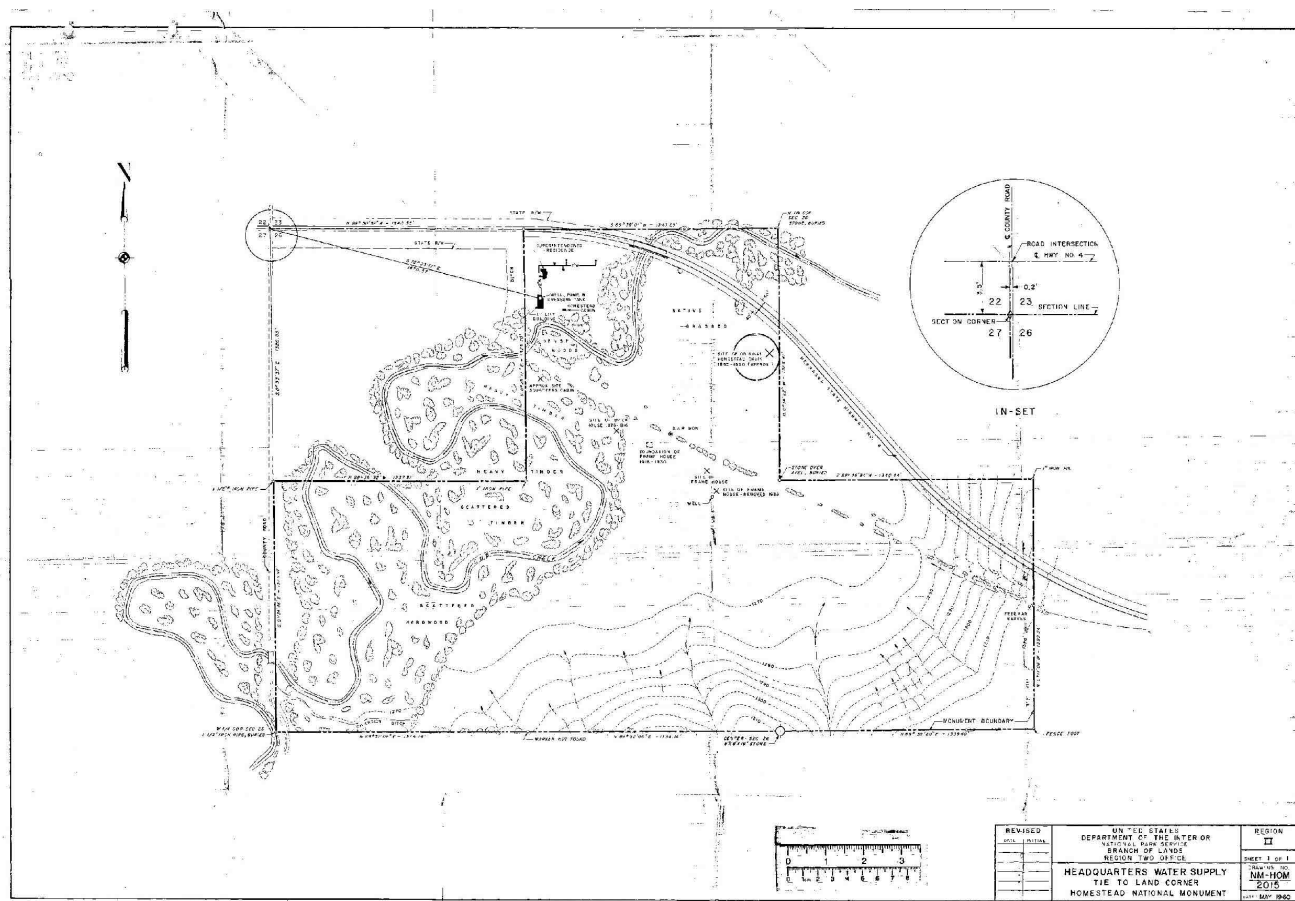
REPLACES EPA - 18 (CIN) WHICH IS OBSOLETE.

INSTRUCTIONS

1. **IDENTIFICATION NUMBER** – This is a 14 digit code number that geographically identifies the location of the utility. It will be filled in by EPA personnel.
2. **NAME OF WATER UTILITY** – This is the complete, official name of the utility.
3. **ADDRESS** – This is the mailing address of the utility (*this may be but does not necessarily have to be the physical location of the treatment plant*).
4. **CITY, COUNTY, STATE** – This is the city, county and state of the mailing address of the utility.
5. **ZIP CODE** – This is the zip code of the mailing address of the utility.
6. **IS THE UTILITY OWNED BY A MUNICIPALITY, DISTRICT, INVESTOR OWNER, STATE OR OTHER** (*specify in remarks*) – Place an **X** in the box that describes the type of ownership of the utility.
7. **RETAIL POPULATION SERVED - NUMBER SERVICES, METERS** – Fill in these boxes with the most current information available. Do Not include the population served by water utilities that purchase water from you wholesale.
8. **NUMBER OF WHOLESALE CUSTOMERS** – In cases where water is sold to wholesale customers (*customers who buy water from you for resale*) fill in the boxes with the number of this type of customer.
9. **WHAT IS THE CHARACTERISTIC(S) OF YOUR SERVICE AREA?** – Place an **X** in the boxes necessary to describe the predominant characteristic(s) of your service area.
10. **CAPACITIES** – Fill in these boxes with the most current information available. Report all storage that does not have to be pumped into the system, whether it is elevated or ground storage.
11. **PRODUCTION** – Fill in these boxes with the most current information available.
12. **DATE FORM COMPLETED** – Fill in the numeric designation of the month (01-12) and the last two digits of the year when the form was completed.
13. **REMARKS** – Additional information can be provided (*maximum of 50 Alpha and/or Numeric characters*).
14. **SOURCE AND TREATMENT** – Write in the spaces below Name the name of the river, lake, other utility, well field, or other source from which the supply of water is taken. Circle "R" for regular source or "A" for auxiliary source. If more than one source is used, use separate lines for each source. If more than four sources are used, then list on a second form starting with 05. Place an **X** in the block(s) for the types of treatment rendered the raw water. Mark each source separately.
15. **INTAKE LOCATION** – Latitude and Longitude of intake.
16. **LABORATORY CONTROL** – Place an **X** in the box for the type of types of laboratory analyses made at the treatment facility. Leave these blocks blank if no laboratory analyses are performed.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1974-625-309/72 3-1

Maps and Miscellaneous Information



Docket Information

Number of Documents in Docket 6

Documents Dated from 6/15/1942 to 8/18/1960

Docket Compiled: 4/12/2011