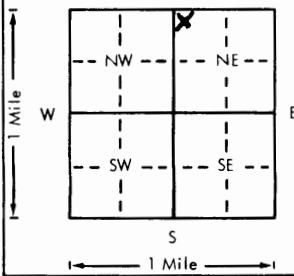


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <b>Saline</b>	Fraction <b>NW<sup>1</sup>/<sub>4</sub> NW<sup>1</sup>/<sub>4</sub> DE<sup>1</sup>/<sub>4</sub></b>	Section number <b>14</b>	Township number T <b>14</b> S R	Range number <b>2W</b> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2 Mi. E Salina</b>			3. Owner of well: <b>Wm. Hoeffner</b> R.R. or street: <b>Rt. 3</b> City, state, zip code: <b>Salina, KS 67401</b>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <b>6</b> in. Completion date <b>11-14-77</b> Well depth <b>78</b> ft.	
5. Type and color of material		From		To	
		<b>Alluvium: Clay, brown</b>		<b>0 20</b>	
		<b>Gravel, fine to coarse, silty</b>		<b>20 22</b>	
		<b>Wellington fm:</b>			
		<b>Shale, gray + gray-green</b>		<b>22 65</b>	
<b>Shale, gray + gypsum</b>		<b>65 78</b>		7. <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	
				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material _____ Height: <u>Above</u> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>78</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>5.40</b>	
				10. Screen: Manufacturer's name <b>shop</b> Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>3/32</b> Length <b>15'</b> Set between <b>63</b> ft. and <b>78</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>	
				11. Static water level: _____ mo./day/yr. <b>38</b> ft. below land surface Date <b>11-4-77</b>	
				12. Pumping level below land surfaces: <b>55</b> ft. after <b>12</b> hrs. pumping <b>10</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>12</b> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade	
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>3</b> ft. to <b>13</b> ft.	
				16. Nearest source of possible contamination: ft. <b>70'</b> Direction <b>W</b> Type <b>Creek</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. 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	
		(Use a second sheet if needed)			
18. Elevation:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	19. Remarks:			20. 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. <b>Hyphandic Drilling</b> <b>126</b> Business name _____ License No. _____ Address <b>Salina, KS</b> Signed <b>W. Hoeffner</b> <b>12-10-77</b> Authorized representative _____ Date _____	

14-20-77  
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5