

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 Saline	Fraction NW 1/4 NW 1/4 NE 1/4	Section number 14	Township number T 14 S	Range number R 2W E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: 2 Mi. E. of Salina			3. Owner of well: Wm Hoefner R.R. or street: Rt. 3 City, state, zip code: Salina Kans. 67401		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: well No 3, 3rd lot from west		
5. Type and color of material In feet below surface			From	To	
Alluvium:					
Clay, brown			0	19	
Gravel, medium, silty			19	23	
Wellington fm:					
Shale, gray + green			23	77	
Shale, gray + gypsum			77	79	
(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:		6. Bore hole dia. 6 in. Completion date 12-1-77 Well depth 79 ft.		
			7. <input checked="" 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 12 in. RMP <input checked="" type="checkbox"/> PVC _____ Weight _____ lbs./ft. Dia. 4 in. to 79 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. No. 200		
			10. Screen: Manufacturer's name shop Type slots Dia. 4" Slot/gauze 3/32" Length 20' Set between 59 ft. and 79 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3/8"		
			11. Static water level: _____ mo./day/yr. 33 ft. below land surface Date 12-1-77		
			12. Pumping level below land surfaces: 50 ft. after 1 hrs. pumping 6 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 8 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date 12-27-77		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 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 3 ft. to 13 ft.		
			16. Nearest source of possible contamination: ft. 375 Direction W Type creek Well disinfected upon completion? <input 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		
			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. Hydromech Drilling 1260 Business name _____ License No. _____ Address Salina, Kans. Signed O. J. Faust Date 12-17-77 Authorized representative		

14-20-14 NW 1/4 NE

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5