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

WATER WELL RECORD
KSA 82a-1201-1215

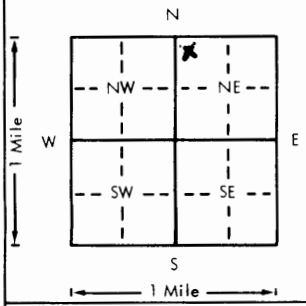
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County	Fraction	Section number	Township number	Range number
	Saline	NW1/4 NW1/4 NE1/4	14	T 14 S	R 2 W 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. Hoeffner
R.R. or street: Rt. 3
City, state, zip code: Salina Ks. 67401

4. Locate with "X" in section below:



Sketch map: Well No. 2, 2nd lot from west

6. Bore hole dia. 6 in. Completion date
Well depth 78 ft. 11-30-77

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material
Threaded ___ Welded ___
RMP X PVC ___
Dia. 4 in. to 78 ft. depth
Dia. ___ in. to ___ ft. depth
Height: (Above) or below
Surface 12 in.
Weight ___ lbs./ft.
Wall Thickness: inches or gage No. No. 200

5. Type and color of material In feet below surface	From	To
Alluvium:		
Clay, gray-brown	0	19
Gravel, medium + sand, silty	19	29
Wellington fm:		
Shale, gray + green	29	74
Shale, gray + gypsum	74	78

(Use a second sheet if needed)

10. Screen: Manufacturer's name Shop
Type Slots Dia. 4"
Slot/gauze 3/32" Length 23'
Set between 55 ft. and 78 ft.
___ ft. and ___ ft.
Gravel pack? Y Size range of material 3/8"

11. Static water level: mo./day/yr.
23 ft. below land surface Date 11-30-77

12. Pumping level below land surfaces:
61 ft. after 1 hrs. pumping 12 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 12 g.p.m.

13. Water sample submitted: mo./day/yr.
Y Yes X No Date 12-27-77

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? Y
With: X Neat cement ___ Bentonite ___ Concrete
Depth: From 3 ft. to 13 ft.

16. Nearest source of possible contamination:
ft. 250 Direction W Type Creek
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:

Topography:
___ Hill
___ Slope
___ Upland
X 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.
Hydraulic Drilling 126
Business name License No.
Address Salina Kans
Signed O. L. Fast Date 12-17-77
Authorized representative

T 14 R 2 E/W 14 Sec NW 1/4 1/4 1/4

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

Form WWC-5

MI-1023