

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>NE 1/4 NW 1/4 NE 1/4</b>	Section number <b>14</b>	Township number T <b>14</b> S	Range number R <b>2 W</b> E/W
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>2 Mi. E. of Salina</b>			3. Owner of well: <b>Wm Hoeffner</b> R.R. or street: <b>Rt. 3</b> City, state, zip code: <b>Salina Kans 67401</b>		
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map: <b>Well No 5, 5th lot from west</b>		
5. Type and color of material <b>in feet below surface</b>			6. Bore hole dia. <b>6</b> in. Completion date _____ Well depth <b>78</b> ft. <b>12-8-77</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		
From To			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: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP <input checked="" type="checkbox"/> PVC _____ 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>No 200</b>		
Colluvium:			10. Screen: Manufacturer's name <b>Shep</b>		
			Type <b>slots</b> Dia. <b>4"</b> Slot/gauze <b>3/32"</b> Length <b>20'</b> Set between <b>58</b> ft. and <b>78</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>3/8"</b>		
Clay, gray-brown			11. Static water level: _____ mo./day/yr. <b>34</b> ft. below land surface Date <b>12-8-77</b>		
Wellington fm			12. Pumping level below land surfaces: <b>55</b> ft. after <b>1</b> hrs. pumping <b>20</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>25</b> g.p.m.		
Shale, gray & green			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <b>12-27-77</b>		
Shale, gray & gypsum			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>750</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:		19. Remarks:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		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>Hydromech Drilling 126</b> Business name _____ License No. _____ Address <b>Salina Kansas</b> Signed <b>Op Faust</b> Date <b>12-17-77</b> Authorized representative			

T 14 R 20 W E 14 NE NW NE

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

Form WWC-5