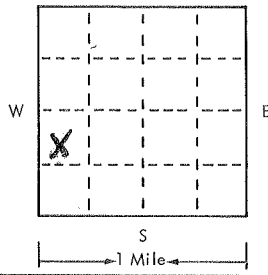


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <u>Marion</u>	Township name <u>Risley</u>	Fraction <u>SW<sup>1</sup>/<sub>4</sub>NW<sup>1</sup>/<sub>4</sub>SW<sup>1</sup>/<sub>4</sub></u>	Section number <u>25</u>	Town number <u>19</u>	Range number <u>2 E</u>	
Distance and direction from nearest town or city: <u>2 East 1/2 North</u>			3 Owner of well: <u>Kenneth Funk</u>				
Street address of well location if in city: <u>of Hillsboro</u>			Address:				
Locate with "X" in section below: N  S 1 Mile			Sketch map: <u>CBC</u>			4 Well depth: <u>65</u> ft. Date of completion <u>6-17-75</u> Well diameter <u>9</u> in. to <u>13' 7" 13 65</u>	
2 Type and color of material			From	To	5 <input checked="" type="checkbox"/> Cable tool <input 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		
					6 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"/> Commercial <input type="checkbox"/> Test well		
			<u>Top soil</u>	<u>0</u>	<u>5</u>	7 Casing: Material <u>PVC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>18</u> in. Digm. <u>6</u> in. to <u>65</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			<u>Yellow clay</u>	<u>5</u>	<u>40</u>	8 Screen: <u>Pumpco</u> Manufacturer <u>Pumpco</u> Type <u>Plastic</u> Dia. <u>5"</u> Slot/gauze <u>1/8</u> Length <u>10</u> Set between <u>52</u> ft. and <u>62</u> ft.	
			<u>Some water</u>	<u>40</u>		Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>	
			<u>Gray shale</u>	<u>40</u>	<u>60</u>	9 Static water level: <u>30</u> ft. below land surface Date <u>6-17-75</u>	
			<u>Water</u>		<u>60</u>	10 Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after ____ hrs. pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.	
			<u>Blue shale</u>	<u>61</u>	<u>65</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>3</u> ft. to <u>13</u> ft.	
			14 Nearest source of possible contamination: <u>Cattle</u> ft. <u>5 MI</u> Direction <u>North</u> Type <u>lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
			15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.m.p. 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				
16 Remarks: elevation			17 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. <u>Backhus Drilling 180</u> Business name <u>Paul Backhus</u> License No. _____ Address <u>Sanga Ka</u> Signed <u>Sanga Ka</u> Date <u>6-25-75</u> Authorized representative				

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5