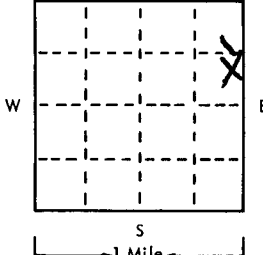


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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>Liberty NE4 SE4 NE4</u>	Fraction <u>9</u>	Section number <u>9</u>	Town number <u>20</u>	Range number <u>2 E</u>	
Distance and direction from nearest town or city: <u>1 1/2 Mi South</u>			3 Owner of well: <u>Paul Penner</u>				
Street address of well location if in city: <u>of Hillsboro</u>			Address: <u>Hillsboro, Kansas 67063</u>				
Locate with "X" in section below: N  W E S 1 Mile			Sketch map:			4 Well depth: <u>55</u> ft. Date of completion <u>6-26-25</u> Well diameter <u>9</u> in.	
2 Type and color of material			From	To	5 <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		
					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>PTC</u> Height: above/below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>20</u> in. Diam. <u>Class 8</u> Weight <u>100</u> lbs./ft. <u>5</u> in. to <u>55</u> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ___ in. to ___ ft. depth	
			<u>Yellow Clay</u>	<u>5</u>	<u>15</u>	8 Screen: Manufacturer <u>Certain-teed</u> Type <u>Plastic</u> Dia. <u>5"</u> Slot/gauze <u>1/16</u> Length <u>10'</u> Set between <u>35</u> ft. and <u>45</u> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <u>3/8</u>	
			<u>Fine Sand</u>	<u>15</u>	<u>25</u>	9 Static water level: <u>25</u> ft. below land surface Date <u>6-26-25</u>	
			<u>Fine to Medium Sand</u>	<u>25</u>	<u>45</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>Yellow Clay</u>	<u>45</u>	<u>54</u>	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date ___	
<u>Blue Shale</u>	<u>54</u>	<u>55</u>	12 Well head completion: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade				
(use a second sheet if needed)					13 Well grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> ___ Depth: From ___ ft. to ___ ft.		
16 Remarks: elevation					14 Nearest source of possible contamination: <u>200</u> ft. Direction <u>West</u> Type <u>Pasture</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					15 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		
					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 License No. _____ Address: <u>James Key</u> Signed: <u>John Backhus</u> Date <u>6-26-25</u> Authorized representative		

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

Form WWC-5