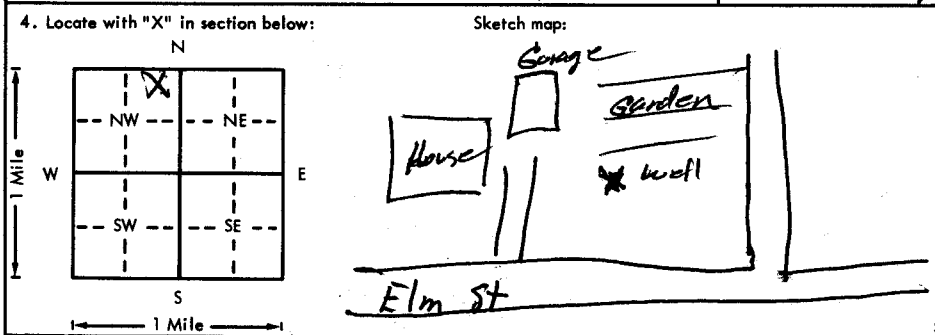


1. Location of well: County Douglas Fraction NE 1/4 NE 1/4 NW 1/4 Section number 2A Township number T 12 Range number S R 20 EW

2. Distance and direction from nearest town or city: _____
Street address of well location if in city: 775 Elm, Lawrence
3. Owner of well: John Hadley
R.R. or street: 775 Elm
City, state, zip code: Lawrence, Ks. 66044



6. Bore hole dia. 10 in. Completion date 8-20-76
Well depth 53 ft.
7. Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary
8. Use: Domestic Public supply Industry
 Irrigation Air conditioning Stock
 Lawn Oil field water Other
Casing: Material Pvc Height: Above or below
Threaded Welded Surface 24 in.
RMP PVC eluc Weight 258 lbs./ft.
Dia. 5 in. to 53 ft. depth Wall Thickness: inches or
Dia. in. to ft. depth gage No. 274

5. Type and color of material

	From	To
Top Soil	0	4
Br. Sandy Clay	4	24
Br. Med. to Pea Gravel	24	30
Gray Clay	30	31
Gray Pea Gravel	31	40
" Fine Sand	40	42
Gray Clay	42	49
Gray Pea Gravel	49	53

10. Screen: Manufacturer's name Sumco
Type Pvc Dia. 5 1/2
Slot gauge 1020 Length 75
Set between 31 ft. and 41 ft.
48 ft. and 53 ft.
Gravel pack? Size range of material 20-60
11. Static water level: _____ mo./day/yr.
25 ft. below land surface Date 8-20-76
12. Pumping level below land surfaces: Air Test
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield 30+ g.p.m.
13. Water sample submitted: _____ mo./day/yr.
Yes No Date _____
14. Well head completion: Capped
 Pitless adapter 24 inches above grade
15. Well grouted?
With: Neat cement Bentonite Concrete
Depth: From 0 ft. to 10 ft.
16. Nearest source of possible contamination:
ft. _____ Direction Nothing Type Fluid
Well disinfected upon completion? Yes No
17. Pump: 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

(Use a second sheet if needed)

18. Elevation: _____
Topography: _____ Hill _____ Slope _____ Upland _____ Valley

19. Remarks: I will pour a cement slab around the well
John Hadley

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.
STRAKER DRUG CO INC 182
Business name License No. _____
Address RT1 HOLTAN, KS
Signed Dale Cashen Date 8-24-76
Authorized representative

12 20 W 29 NE NE 1/4