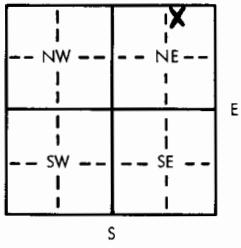


1. Location of well:	County Butler	Fraction Nw 1/4 NE 1/4 NE 1/4	Section number 9	Township number T 25	Range number S R 6 E/W			
2. Distance and direction from nearest town or city: Street address of well location if in city:	3 mi. east, 5 mi. north El Dorado, Kansas							
3. Owner of well: R.R. or street: City, state, zip code:	David Clymer Box 71 El Dorado, Kansas 67042							
4. Locate with "X" in section below: 	Sketch map:	6. Bore hole dia. 8 in. Completion date 6-20-77 Well depth 107 ft.						
						7. <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		
						8. Use: <input type="checkbox"/> Domestic <input checked="" 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 checked="" type="checkbox"/> Other		
						9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
						10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
						11. Static water level: 28 mo./day/yr. ft. below land surface Date 6-20-77		
						12. Pumping level below land surfaces: ft. after _____ hrs. pumping _____ g.p.m. ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 5gpm g.p.m.		
						13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No Date _____		
						14. Well head completion: Pitless adapter _____ Inches above grade		
						15. Well grouted? With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From _____ ft. to _____ ft.		
						16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
						18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: These wells were drilled as test wells for the development of the land for the housing of about 21 homes. It was my under- standing that if the wells were put into use that Bledsoe Drilling Co. would finish them. When I contacted Mr. Clymer to finish the wells, he informed me that he was having Layne Western finish the wells, instead of Bledsoe Drilling Co., so I cannot furnish you with all the information asked for on the log. <i>Second Sheet</i> (Use a second sheet if needed)	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. Bledsoe Drilling Co. 349 Business name _____ Address _____ Signed <i>John A. Bledsoe</i> Date 8-15-77 Authorized representative

1. Location of well:	County Butler	Fraction nw 1/4 ne 1/4 ne 1/4	Section number 9	Township number T 25 S R 6	Range number 6
2. Distance and direction from nearest town or city:			3. Owner of well: David Clymer		
Street address of well location if in city:		R.R. or street: Box 71			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date <u>6-20-77</u> Well depth <u>107</u> ft.	
				7. <input 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	
				8. Use: <input 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: Above or below Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. _____ in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth Gage No. _____	
5. Type and color of material (Continued from Page 1)		From	To	10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____	
I informed Mr. Clymer that a permit for public water would have to be obtained from the state and that if he didn't put the wells into use that they would have to be plugged. Mr. Clymer was informed of this by myself, before the wells were drilled, and he stated that all permits had been taken care of and that he understood all that had to be done.				11. Static water level: _____ mo./day/yr. ft. below land surface Date _____	
				12. 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.	
				13. Water sample submitted: _____ mo./day/yr. Yes _____ No _____ Date _____	
				14. Well head completion: Pitless adapter _____ Inches above grade	
				15. Well grouted? _____ With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.	
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ 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: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
				18. Elevation:	
				19. Remarks: Topography: <input type="checkbox"/> Hill <input 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.	
				Business name _____ License No. _____ Address _____	
				Signed _____ Authorized representative _____ Date _____	
				(Use a second sheet if needed)	