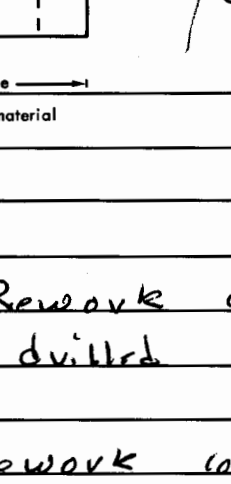



County HARVEY	Fraction NW 1/4 NW 1/4 SW 1/4	Section number 24	Township number T 23 Range number S R E/W 1
2. Distance and direction from nearest town or city: 1/2 West - 3/4 S		3. Owner of well: ALAN Beauchaine R.R. or street: 209 E 11th City, state, zip code: Newton, KS - 67114	
Street address of well location if in city:			
4. Locate with "X" in section below: N W E S 1 Mile Sketch map: 		6. Bore hole dia. _____ in. Completion date _____ Well depth _____ ft. UNKNOWN	
		7. Cable tool _____ Rotary UNKNOWN Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____	
		8. Use: <input checked="" type="checkbox"/> Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ Other _____	
5. Type and color of material		9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface _____ in. _____ RMP _____ PVC <input checked="" type="checkbox"/> 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 _____	
Rework of existing well. Not drilled by us. Rework consisted of: Extending casing with #40 Pig and grouting to 8' depth; capping with cap - Backwashed & super chlorinated well		11. Static water level: _____ mo./day/yr. 15 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 UNKNOWN g.p.m.	
		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____	
		14. Well head completion: _____ Inches above grade Pitless adapter _____	
		15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From 8 ft. to 0 ft.	
		16. Nearest source of possible contamination: ft. 175 Direction SE Type sewer Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ 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: ____ Submersible _____ Turbine ____ Jet _____ Reciprocating ____ Centrifugal _____ Other _____	
(Use a second sheet if needed)			
18. Elevation:	19. Remarks:	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. PAUL'S INC #175 Business name License No. _____ Address Box 26 - Hesston Signed Paul Bunick Date 12/10 Authorized representative	
Topography: ____ Hill ____ Slope ____ Upland ____ Valley			