

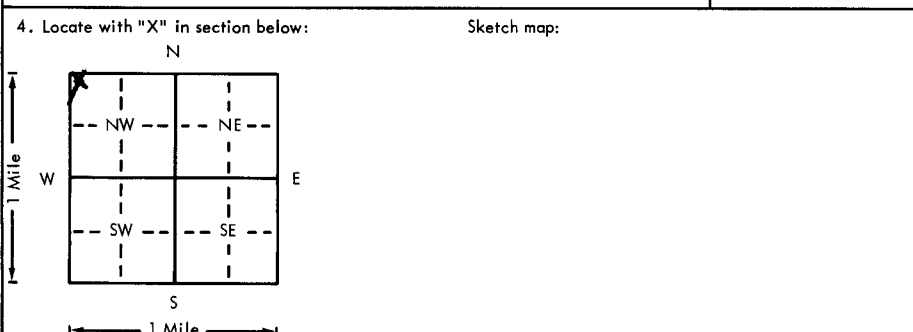
USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well: County **Morton** Fraction **NW 1/4 NW 1/4 NW 1/4** Section number **6** Township number **T 32 S** Range number **R 39 E/W**

2. Distance and direction from nearest town or city: **12 1/2 North of Rolla** Street address of well location if in city: **Rolla, MO**
3. Owner of well: **Dallas Bressler** R.R. or street: **Rolla, MO** City, state, zip code:



6. Bore hole dia. **16** in. Completion date **4/11/97**
Well depth **283** 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
9. Casing: Material **Steel** Height: Above or below
Threaded Welded Surface **12** in.
RMP PVC Weight **42.5** lbs./ft.
Dia **1 1/2** in. to **283** ft. depth Wall Thickness: inches or
Dia. in. to ft. depth Gage No. **1250**

5. Type and color of material	From	To
Overburden	0	2
Top Soil	2	30
Med. Sd. & Clay	30	90
Sd., Clay	90	140
Clay	140	160
Fine Sd. & Clay Strks.	160	198
Coarse Sd.	198	257
Blue Shale	257	310

10. Screen: Manufacturer's name **L.B. Foster**
Type **Steel** Dia. **1 1/2**
Slot/gauze **1/8** Length **3**
Set between **128** ft. and **217** ft.
257 ft. and **283** ft.
Gravel pack? Yes Size range of material **1/8-1/4**
11. Static water level: **189** ft. below land surface Date **4/13/97** mo./day/yr.
12. Pumping level below land surfaces: **NA**
____ 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 **NA** Inches above grade
15. Well grouted? Yes
With: Neat cement Bentonite Concrete
Depth: From **0** ft. to **10** 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: ____ Submersible ____ Turbine
____ Jet ____ Reciprocating
____ Centrifugal ____ Other

18. Elevation: Topography: Hill Slope Upland Valley
19. Remarks: **10" Johnson Iron 16" Steel 11000 Slot 217-257 16" Cap Line**

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.
KTM DRILLING, INC. 225
Business name **Box 1585, Guyman, OK 74454** License No. **627**
Address **Box 1585, Guyman, OK 74454**
Signed **[Signature]** Date **6/27**
Authorized Representative

T 32 S R 39 E Sec 6 NW 1/4 NW 1/4