Permit No.

Please complete this form in its entirety in

1. OWNER

MAILING ADDRESS

PERMIT NO.

New Well | Replace | Recondition | Domestic | Irrigation | Test | Cable | Rotary | RVC

Abandon | Other | Municipal/Industrial | Monitor | Stock | Air | Other

THOLOGIC LOG | WELL CONSTRUCTION

From | To | ness | HOLE DIAMETER (BIT SIZE) | Material | Strata

From 575 feet to 588 feet

From feet to feet

Neat Cement | Depth of Seal 66

Placement Method: | Pumped

Gravel Packed: | Yes | No

Contractor

Parkson Rd. | Address 555 N.

G.P.M. | (Feet Below Static) | Time (Hours)

Division of Water Resources, the on-site driller 693

March 6, 1995

USE ADDITIONAL SHEETS IF NECESSA