LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

nit
WAGE INSTALLATION

No. 95380134301

Issued 09/18/95
Expires 03/18/96
Revenue Code 18754

stablishment
GREG SHINAUT
T8N R5E SEC 17
ELSNERS LAKESIDE EST BLK 1 LOT 4

FEES: $150.00

TOTAL $150.00

Permittee
GREG SHINAUT
4740 LINDEN ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____ FILE NO._____

DATE: 9-8-95

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 5E ; Section 17 ; Block 1 ; Lot 4 ; Addition ELSNERS CREEKSIDE ESTATES, CRETE NE
   Street Address 7550 & Bataluta road
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: _____ ft. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

Signature of Applicant (Owner or Lessee)

4740 LINDEN LINCOLN NE 68516
Address 434-3220 - office

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/14/95. Date Frwd. 9/14/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-14-95. Date Frwd. 9-14-95. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Jim Blough

REMARKS OR REASONS FOR DISAPPROVAL_____

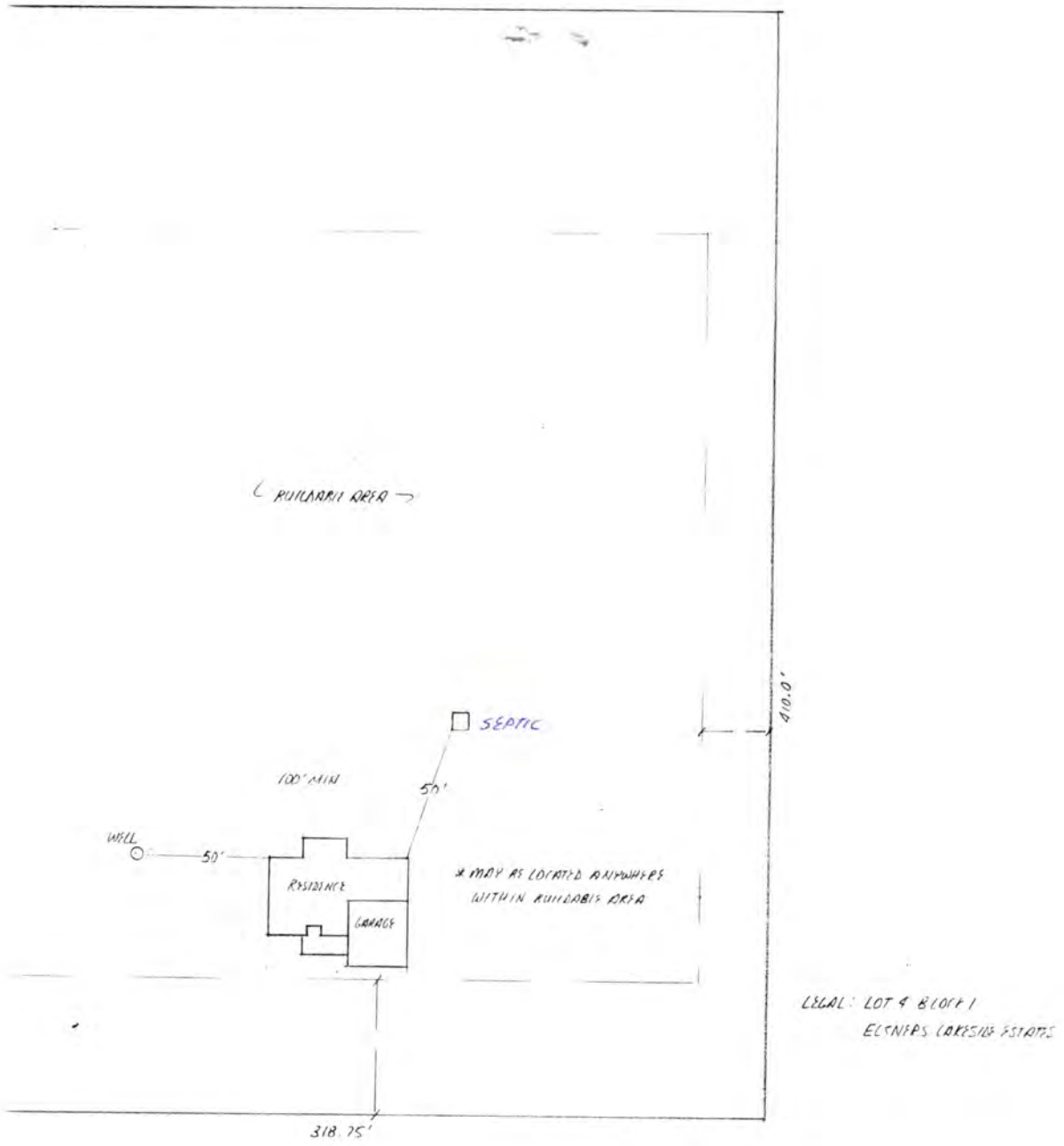
Site Visits
Date: 10/18/95 by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/18/95 By: Jerold C. Wood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

* EXPERIMENTAL SYSTEM
HENCE PROVISIONAL APPROVAL


BUILDABLE AREA
SEPTIC
100' MIN
50'
WELL
50'
RESIDENCE
GARAGE
* MAY BE LOCATED ANYWHERE WITHIN BUILDABLE AREA
410.0'
318.75'
LEGAL: LOT 4 BLOCK 1
ELSNERS LAKESIDE ESTATES

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____ gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed_____ sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 10-19-95

FILE NO. _____

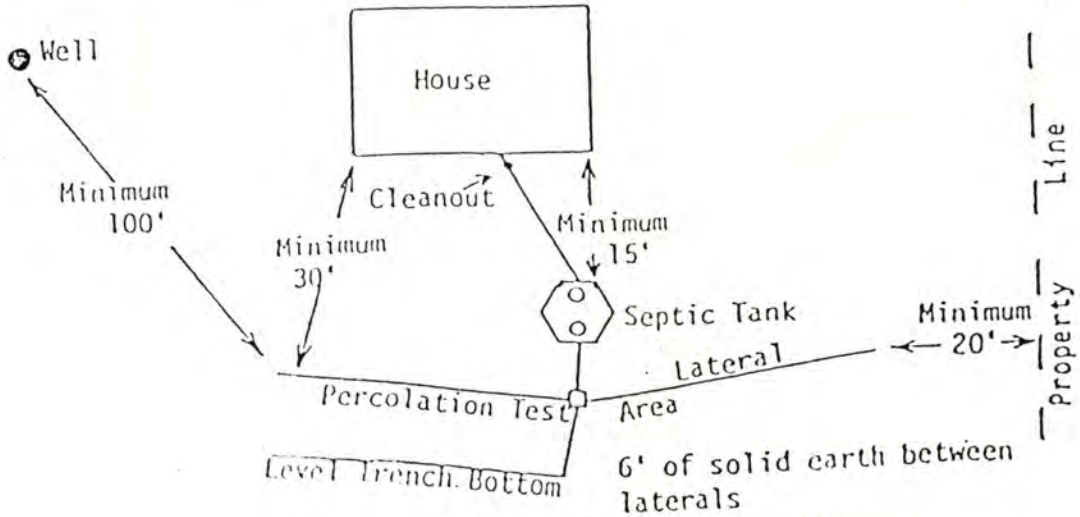
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material SDR 40; Diameter 4" in.
2. Distance above basement floor — in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 35 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 130 ft.; Stream — ft.; Pressure Line 3 ft.; Property Line 130 ft.

B. SEPTIC TANK:
1. Material concrete; No. of compartments 3.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company precast)
4. Manholes: Over Inlet; diam. — in.
Over Outlet; diam. — in.
Riser Above ☐ Below ☑ Grade 0 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 160 ft.; Stream — ft.; Pressure Line 33 ft.; Property Line 125 ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number available outlets 5.
2. Factory Built: Yes ☑ No ☐
(Company 3)
3. Distance from Septic Tank 22 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round — or Perforated Pipe 4".
Material: fiberglass ☐; plastic ☑; concrete ☐; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 100, —, —, — ft.;
Total length of laterals 200 ft.
Distance between lateral lines 3 ft
3. Trench dimensions: Width 3 ft
Slope 0 in/100 ft.; Average Depth 49 in.
4. Filter Material: Gravel
Depth of Material 30 in
5. Distances to:
Well or Suction Line 184 ft.
Stream — ft.; Pressure Line 55 ft.; Property Line 20 ft



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

15551 Bob White Tr. FILE NO. 95380134301

PROPERTY WHERE SOIL TESTED:

Location: Township 8 N ; Range 5E ; Section & ¼ Section 17 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒.

Dates of Tests: 9-28-95 to 9-29-95. Weather: Precip. Trace Temp. 65°F

OWNER: Pride Homes

Address: _____

* water in hole # 3, 4 + 7. next day.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in)
1	36"	9-28		9-29			1:15	1"	1:45	1 1/4	30	1/4	120
2								1		1 1/4	30	1/4	120
3								1/2		1/2	30	-0-	
4								1/4		3/8	30	1/8	240
5								1 3/8		1 1/8	30	1/4	120
6								1		1 3/4	30	3/4	40
7								3/4		3/4	30	-0-	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Wellmann Plbg. Inc. Jim Perlinger
Signature of Person Conducting Test

Address 3301 S 6th. Phone 434-2400

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): _____

Date: _____

_____
Signature of Reviewing Official

001

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 15551 Bob White Trail Sisson

Twp 8 Range 5 Section 17 1/4 ___ 1/4 ___ Block 1 Lot 4 Addition Lakeside Estates

Directions to Property _____

Location of Well East of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of House Year Installed 95

	NAME	ADDRESS	PHONE
Present Owner:	Jason Williams		
Tenant/Buyer:	Greg + Vicki Arfmann	15551 Bob White Trail Crete, NE 68333	826-3935
Return to:	ATI TITLE (tenant)		FAX 434-3268

Signature of Applicant Vicki Arfmann Address 15551 Bobwhite Tr Date 9 / 25 / 97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9 / 29 / 97
Initials ____
Amount 150.00
Check No. 95

DATA ENTRY
Date ___/___/___
Case No. ____
Initials ____

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 9 / 26 / 97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ <0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ____
Date ___/___/___ by ____
Date ___/___/___ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Paul Drotzmann Date 10 / 1 / 97

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

OCT 2 1997

WATER CHEMISTRY

STATE LAB NO. 15 8100

COMPLETE INFORMATION BELOW

DATE COLLECTED 9-26-97 1:25
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Williams; 15551 Bob White Tr.

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR _____ SECT 17 TWNSHP 8 N S RANGE 5 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

'97 SEP 26 P3:17 RECEIVED

'97 SEP 30 PM 4 09 REPORTED

'97 SEP 27 AM 11 06

REPORTED

'97 SEP 26 P3:17

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 1421254

FOR LABORATORY USE ONLY

DATE COLLECTED 9-26-97 1:25
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Williams; 15551 Bobwhite Tr.

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 17 TWNSHP 8 N S RANGE 5 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWB 9'

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 15551 Bobwhite Trail

Twp 8N Range 5E Section 17 1/4 ___ 1/4 ___ Block 1 Lot 4 Addition Elsner Lakeside Estates

Directions to Property Hwy 33 to approx 114th - North on Bobwhite Trail

Location of Well South of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System North of House Year Installed 95

	NAME	ADDRESS	PHONE
Present Owner:	Pride Homes by Greg Shinn	4740 Linden Lincoln Ne 68516	434-3220
Tenant/Buyer:	Jason W. Hinms	15551 Bobwhite Trail Crete Ne 68333	
Return to:	Pride Homes	4740 Linden Lincoln Ne 68516	434-3220 430-6487

Signature of Applicant Greg Shinn Address 4740 Linden Lincoln Ne 68516 Date 2/26/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 2/27/96
Initials J.C.H.
Amount 150.00
Check No. 8591

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Nood **DATE:** 2/28/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: PROVISIONAL APPROVAL ON SEWAGE SYSTEM BECAUSE IT IS OF AN EXPERIMENTAL VARIETY.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Jerrold C. Nood R.E.H.S. Date 3/6/96

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

February 1995
DWR Form 981

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration No. _____ Sequence No. _____ Registration Date: _____

Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner Jason Williams Telephone Number (402) 423-4240
   Address 15551 Bob White Trail
   City Crete State Nebraska Zip Code 68333 +

2. Drilling Firm Holly Drilling Co Telephone Number (402) 946-3871
   Address Rt 1 Contractor's License No. 39261 Pump Installer License No. 39261
   City Dorchester State NE Zip Code 68343 +

3. Permit Number(s) N a

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Geothermal ___Ground Heat Exchanger
   ___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
   ___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery
   ___Other _____
   (indicate use)

5. Replacement and abandoned well information.
   A. Is this well a replacement well? ___Yes X No B. Registration number of abandoned well: _____
   C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
   E. Original well pump column size: _____ inches. F. Abandoned well plugged _____, 19____

6. A. Well location: ___¼ SW¼ of Section 17, Township 8 North, Range 5 East/~~West~~, Lancaster County.
   B. The well is _____ feet from the North/South section line and _____ feet from the East/West section line.
   (indicate one) (indicate one)
   C. Street address or block, lot and subdivision, if applicable: _____
   D. Location of water use, if applicable (give legal descriptions): _____
   E. If for irrigation, the land to be irrigated is _____ acres.
   F. Well reference letter(s), if applicable: _____

7. Pump Information.
   Is pump installed at this time? X Yes ___No
   If yes, complete items A through E.
   If no, complete items A and D with estimated information for those wells in which pump will be installed.
   A. Actual pumping rate, if applicable: 16 gallons per minute. Measured ☒ or Estimated ☐
   B. Pump column diameter: 1¼ inches. C. Length of pump column: 180 feet.
   D. Pumping equipment installed: 10 19, 1995. E. Brand/Type: Pub

printed on recycled paper

WATER MICROBIOLOGY

STATE LAB NO 146-3858

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 2 (MO.) 28 (DAY) 96 (YEAR) 2:12 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GREG SHINAUT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 17 TWNSHP 8 N RANGE 5 E

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY

FOR ACCOUNTING USE ONLY

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LWB 9

REPORTED FEB 29 P1:54 '96

RECEIVED FEB 28 P2:49 '96

WATER CHEMISTRY

STATE LAB NO. 15 1303

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 2 (MO.) 28 (DAY) 96 (YEAR) 1:12PM. (HOUR)

TEST METHOD: USEPA METHOD 353.2

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GREG SHINAUT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 E

REPORTED '96 MAR -5 P2:56

RECEIVED '96 FEB 28 P2:49

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NOT TESTED BECAUSE OF:

☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

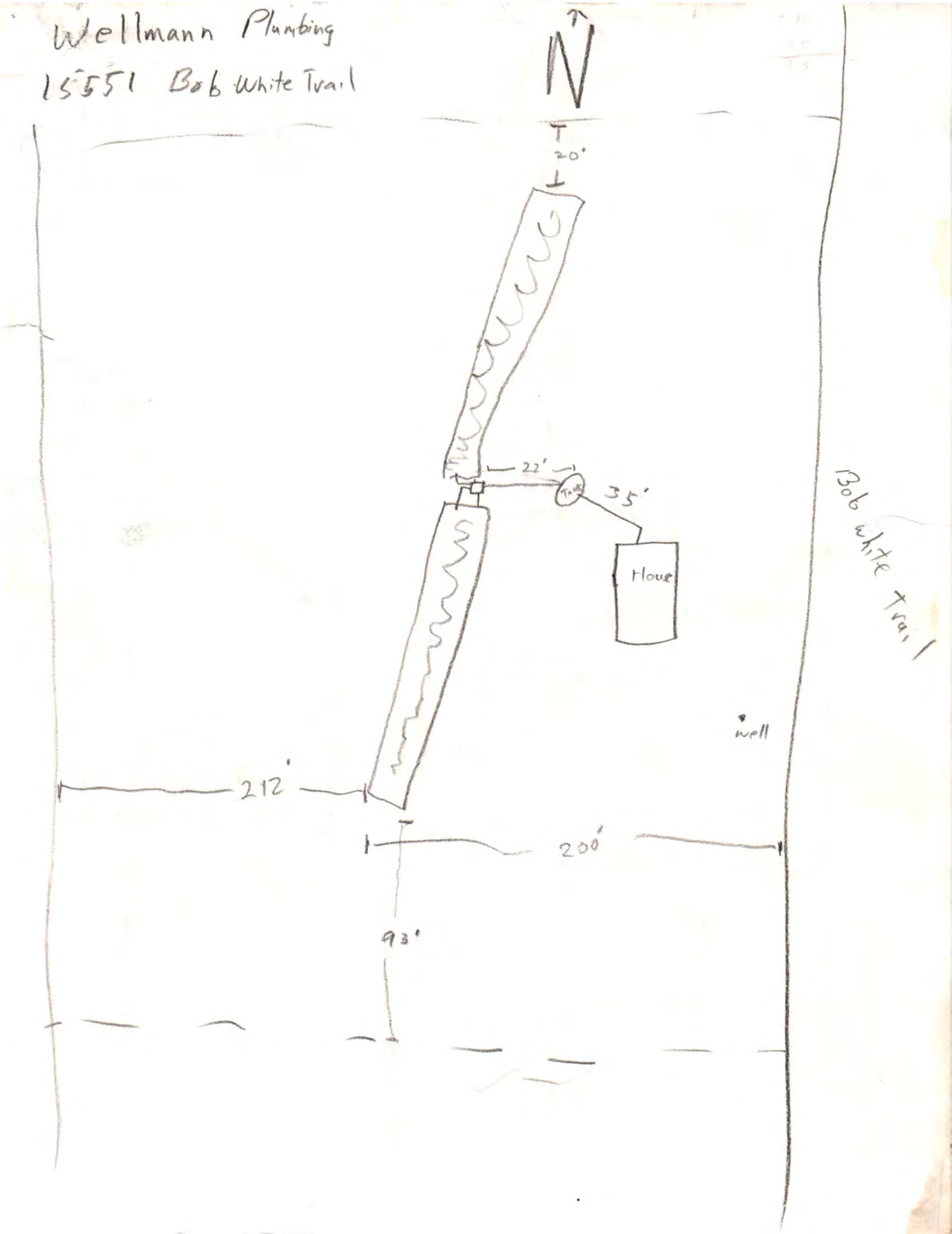
TEST(S) BY ET

FOR ACCOUNTING USE ONLY

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LWN 88

Wellmann Plumbing
15551 Bob White Trail



8. Well Construction Information.

A. Total well depth: 278 feet. B. Static water level: 147 feet. C. Pumping water level: 160 feet.

D. Construction began: 10 18, 1995. E. Construction completed: 10 19, 1995.

F. Bore hole diameter: 10 inches.

G. Casing: Diameter 5.033 ID 5.563 OD inches. Type of material: PVC

Wall thickness: .265 inches. Joints--Welded/Glued/Threaded/Other: _____ Guides at 10 ft.

Length(s) and placement(s) depth from +1 ft. to 268 ft. from _____ ft. to _____ ft.

H. Screen: 5.033 ID 5.563 OD in.; Type of material PVC

Screen openings (slot size): .020 Trade name: Eagle Guides at 273 ft.

Length(s) and placement(s) depth from 268 ft. to 278 ft. from _____ ft. to _____ ft.

I. Gravel pack interval(s) from 151 ft. to 278 ft. from 10 ft. to 152 ft. Grade size: concrete sand

J. Grouted/Sealed from 152 ft. to 157 ft., with green bentonite (type)
5 10

from 0 ft. to 5 ft., with clay (type)

K. Drilling method: rotary L. Drilling fluid: water

M. Well development technique (total time and method): air 1.2 hrs.

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes X No

If yes, what will be used: _____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	1	topsoil
1	68	clay, yellow brown
68	177	clay, blue
177	215	clay & sand, blue, silty
215	255	sand, blue, fine
255	280	sand, blue, medium-coarse

DEPTH IN FEET FROM	TO	DESCRIPTION

(Additional sheets may be submitted)

10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Joe Kelly — Water Well Contractor's Signature

10/20/95 — Date

* Water Well Owner's Signature

Date