

DATE RECEIVED (OWN USE ONLY)

OWNER: Killer (Million) (COL 18 LAST NAME) Allyle (FIRST NAME) (COL 19)

STREET OR RFD: _____ (COL 20)

POST OFFICE: _____ (COL 21)

B 1 CONTINUED DRILLER INFORMATION

DATE: 6-7-72 (COL 1) (SEQ. NO.) 2

LICENSE NUMBER: 47 (COL 3) (SEQ. NO.) 4

FIRST NAME: _____ (COL 5) DRILLER LAST NAME: _____ (COL 6)

SIGNATURE: _____ (COL 7)

B 3 LOCATION OF WELL

COUNTY: Howard (COL 1) (SEQ. NO.) 2 (COL 3) (SEQ. NO.) 4

SUBDIVISION: _____ (COL 5) (SEQ. NO.) 6

SECTION: 44 (COL 7) (SEQ. NO.) 8 LOT: 28 (COL 9) (SEQ. NO.) 10

NEAREST TOWN: _____ (COL 11) (SEQ. NO.) 12

MILES FROM TOWN (ENTER IF IN TOWN): 2 (COL 13) (SEQ. NO.) 14

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 (COL 1) (SEQ. NO.) 2

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600 (COL 3) (SEQ. NO.) 4

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, INDUSTRY

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY

TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN

(CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

ROAD WHAT: 144 (COL 1) (SEQ. NO.) 2

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 150 (COL 3) (SEQ. NO.) 4

APPROXIMATE DEPTH OF WELL: 100 FEET (COL 1) (SEQ. NO.) 2

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH) (COL 3) (SEQ. NO.) 4

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

38-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE ROTARY DRIVE-POINT

OTHER (DESCRIBE): _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): _____

NOT TO BE FILLED IN BY DRILLER (OWN USE ONLY)

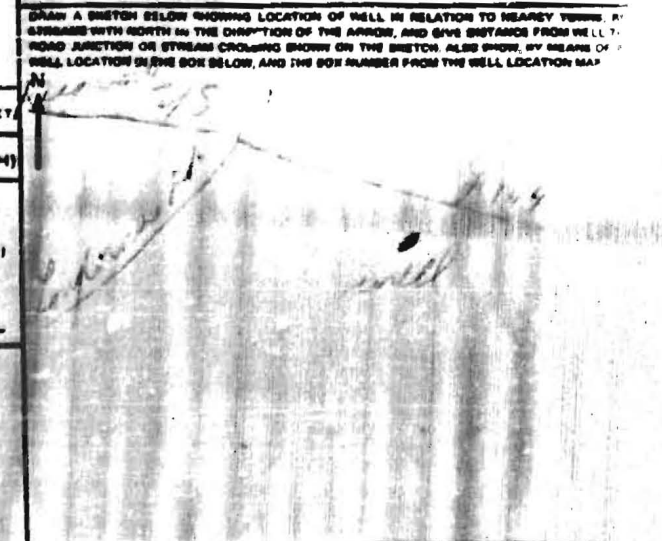
APPROPRIATION PERMIT NUMBER: _____ (COL 1) (SEQ. NO.) 2

ENGINEER REVIEW DISTRICT NO.: _____ (COL 3) (SEQ. NO.) 4

FORCE: _____ (COL 5) (SEQ. NO.) 6

WRITE INITIALS IN BOX: _____ (COL 7) (SEQ. NO.) 8

CONDITIONS: _____ (COL 9) (SEQ. NO.) 10



BOX NUMBER: 760 (COL 1) (SEQ. NO.) 2

550 (COL 3) (SEQ. NO.) 4

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX): 5 (COL 1) (SEQ. NO.) 2

COUNTY NAME: Howard (COL 3) (SEQ. NO.) 4

COUNTY NO.: 2863 (COL 5) (SEQ. NO.) 6

DATE: 6 7 72 (COL 7) (SEQ. NO.) 8

APPROVED BY: _____ (COL 9) (SEQ. NO.) 10

NORTH COORDINATE _____ (COL 1) (SEQ. NO.) 2

EAST COORDINATE _____ (COL 3) (SEQ. NO.) 4

ELEVATION AT WELL HEAD (FEET): _____ (COL 5) (SEQ. NO.) 6

B 5 SPECIAL CONTINUOUS (OWN USE ONLY)

_____ (COL 1) (SEQ. NO.) 2