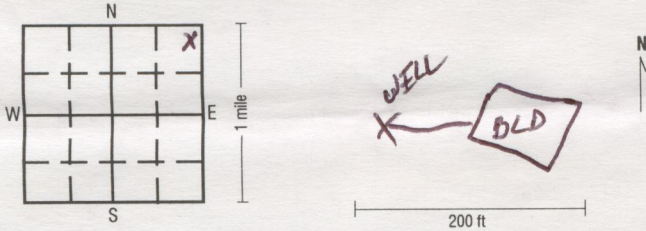


Site identification DOWS REST AREA
 Property Owner IDOT Well Number 01
 Address JUNCTION I-35 + CORD C-47
 Tenant SAME FRANKLIN CO.
 Well Depth 200 ft Date completed 1/29/03

Location County FRANKLIN
AT mi. N and AT mi. E of intersection of I-35 and CORP 47
NE 1/4 of the NE 1/4 of the NE 1/4 of Sec 29 TWP 91 RNG 22
 Show exact location of well in section grid with a dot (●). Sketch map of well location on property.



upland hillside valley Elevation (if known) _____

Formation log

From	To	Color	Hardness	Formation description
1	5	BRN	SOFT	FILL CLAY
5	12	BLK	"	SOIL
12	19	GRY	"	SANDY CLAY
19	27	MULT	"	SAND
27	34	GRY	"	SANDY CLAY
34	43	MULT	"	SAND
43	45	GRY	"	SANDY CLAY
45	50	BRN	"	"
50	83	BRN	HARD	LIMESTONE
83	86	MED BRN	"	"
86	110	LT MED BRN	"	"
110	123	BRN	"	"
123	136	MED BRN	"	"
136	175	BRN	"	"
175	187	BRN	"	"
187	195	LT MED BRN	"	"
195	197	BRN	"	"
197	200	GRY	MED	LIMESTONE + SHALE

Remarks (including depth of lost drilling fluids, materials, or tools)

Well use

Domestic Municipal Commercial Livestock Public supply Monitoring Test well Irrigation Other _____ (explain)

Drill method rotary auger cable other _____

Hole size
 12 1/4 inch from 0 ft to 64 ft
 8 inch from 64 ft to 200 ft

Record all depth measurements from ground level (GL). Use (+) for above GL measurements.

Casing Drive shoe (yes/no) Pitless adapter (yes/no)

Size (ID/OD)	Type / Wt	Depth top	Depth bottom	Amount (length)
8 1/2	PLAIN END STEEL	+2	64	64

Perforated or slotted casing? (yes/no)

Perforated / slotted from _____ ft to _____ ft

Casing grouted? (yes/no) Placement method TRENCH BOTTOM CLIP

Type	Depth Top	Depth bottom	Amount (vol/wt)
PORTLAND	58	64	2 BAGS
BENEAL	0	58	

Well screen? (yes/no)

Diameter	Slot size	Depth Top	Depth Bottom	Length	Material
0. _____					
0. _____					

Bottom capped (yes/no) with _____
 Seals / Packers (yes/no) kind _____ depth _____ ft
 Gravel packed (yes/no) from _____ ft to _____ ft
 type _____ amount _____

Well developed? (yes/no)

Explain (pumped, airlifted, bailed) for 24 hrs at 75 GPM.

Pump installed? (yes/no) Date ____/____/____

Installer's name _____
 Type of pump _____ Depth to intake _____ ft
 Pump diameter _____ Rated capacity _____ GPM

Water information Aquifer: sand / gravel limestone sandstone

Main water-supply zone from 187 ft to 195 ft seepage well

Static water level 3 ft below (above) GL; tape airline E-line estimate

Pumping water level 60 ft below GL; tape airline E-line estimate

At yield of 75 GPM; orifice volumetric estimate

Measurements taken at 4 : _____ (AM/PM) Date 1/29/03

Water quality test? (yes/no) Date tested ____/____/____

Tested by _____

Contractor Mort's Well Co.
 Address 1451B Gull Ave., P.O. Box 715 Latimer, IA 50452
 Driller John Phone 515-579-6420 Certification no. 40521