1.0 3.0 clayey silt gray
3.0 7.5 silty clay gray
7.5 15.0 clayey silt
15.0 25.0 silty clay
25.0 35.0 silty sand
35.0 TD

FLUSH MOUNT WAINER

OCF 17 - 94

DON TAYLOR

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and wa completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansa Water Well Contractor's License No.

This Water Well Record was completed on (mo/day/yy)

under the business name of LEBBERTS DRILLING

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

by (signature)