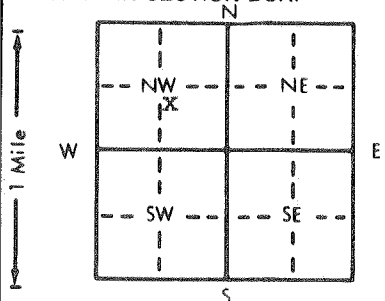


1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number	Range Number
County: SALINE		NW ¼ SE ¼ NW ¼	26		T 14 S	R 3 EW

1941 INGMAN RD.

Application Number:

4 DEPTH OF COMPLETED WELL... 50 ft. ELEVATION: 1250



mitted Water Well Disinfected? Yes ☒ No

From	ft. to	ft., From	ft. to	ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
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[illegible]

by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.