

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County:	Saline	SE ¼	SE ¼	SW ¼	7	T	15 S	R	3

Board of Agriculture, Division of Water Resources
Application Number:

Was a chemical/bacteriological sample submitted to Department? Yes.....No.....X....; If yes, mo/day/yr sample was submitted

GRAVEL PACK INTERVALS:

From	ft. to	ft. From	ft. to	ft.
From 6	ft. to 23	ft. From	ft. to	ft.
From	ft. to	ft. From	ft. to	ft.

Direction from well?	North	How many feet?	1500
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Snd, w/ cly			
3	15	Cly w/ snd, mod plstc, blk org, yell brn t ^d red brn gray snd stringer			
15	16	Snd w/ silt			
16	18	Cly w/ snd			
18	23	Snd w/ silt and clay			
					MW18 - Aboveground

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-27-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 11-16-94 under the business name of GebCore Services, Inc. by (signature) *Don Hill*

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.