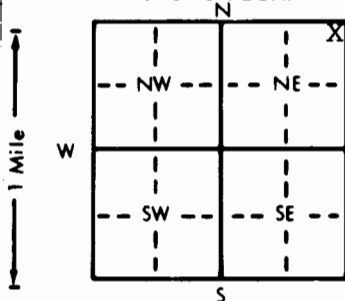


1 LOCATION OF WATER WELL:		Fraction	Section Number			Township Number			Range Number		
County: JEFFERSON		NE ¼ NE ¼ NE ¼	19			T 11 S			R 19 EW		

1½ north of Williamstown

Application Number:

AN "X" IN SECTION BOX:



mitted	Water Well Disinfected?	Yes	X	No
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Threaded.

12 None used (open hole)

ft. to ft.

.....

TO	
----	--

[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.