

1 LOCATION OF WATER WELL:	Fraction <i>SW SW NW SE</i>	Section Number	Township Number	Range Number
County: <i>Sadgwick</i>	<i>SW</i> 1/4 <i>SW</i> 1/4 <i>SE</i> 1/4	<i>6</i>	T <i>27</i> S	R <i>1</i> <i>EW</i>

Distance and direction from nearest town or city street address of well if located within city?

Application Number:

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

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.