

Application Number:

submitted Water Well Disinfected? Yes No **X**

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.