

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	SW $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$	1	T 14 S	R 3 E	W

900 N Ninth, Salina, KS

Application Number:

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

GeoCore # 223 , KDHE # U5 085 10100

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.