

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Saline	NE 1/4 NE 1/4 NE 1/4	2	T 14 S	R 3 E W

1745 N. 9th Street, Salina, Kansas

Board of Agriculture, Division of Water Resources
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 ☒

GRAVEL PACK INTERVALS.		From _____ ft. to _____ ft.		From _____ ft. to _____ ft.	
From	ft. to	ft., From	ft. to	ft.	

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.