

1 LOCATION OF WATER WELL: County: <b>SALINE</b>	Fraction <b>NW ¼ SE ¼ NW ¼</b>	Section Number <b>1</b>	Township Number <b>T 15 S</b>	Range Number <b>R 3 E</b>
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373 AVE. A

Application Number:

mitted	Water Well Disinfected?	Yes	X	No
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FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
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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.