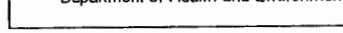


1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>Saline</b>		<b>NW ¼ SW ¼ NW ¼</b>	<b>7</b>	<b>T 15 S</b>	<b>R 3 E</b>

Application Number:

submitted Water Well Disinfected? Yes No ☒



---

Nahe bei

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.