

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

Range Number

8 3

Salina Landfill

Application Number:

Water Well Disinfected? Yes No X

From	ft.	to	ft.	From	ft.	to	ft.
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landfill

How many feet? 500

[illegible]

by (signature)

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.