1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring wall Was a chemical/bacteriological sample submitted to Department? YesNo ; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No	COR	REC	TED		TAW	ER W	ELL RE	CORD	Forr	n WWC	-5 KSA	82a-12	212					
interiors and direction from nervent twon or city street address of well if located within city? 1662 Avenue N		1	n						ber	Township Number								
Morter Well L. OWNER North American Salt R. S. Address, Box # 1 - 1569 Avenue N Sounders Box # 1 - 1569 Avenue N													<u>T</u>	20	<u> </u>	<u> </u>	8	
WATER MELL OWNER NORTH American Salt Board of Agriculture, Division of Water Resources Agriculture, Division of Resources Agriculture, Division of Resources Agriculture, Division of Resources Agriculture, Division of Resources				est towr	or city street	t addre	ess of w	veii it ioi	cated w	mnin city	/ (
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INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas				anli na!-+						Dia				_ULL	m no	7		