

**Nickerson St. and Ave A., Nickerson**

Application Number:

Submitted Water Well Disinfected? Yes No **X**

— — —

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

**Contaminated Site**

How many feet?

[illegible]

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.