

Application Number:

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No **X** If yes, how many samples were submitted \_\_\_\_\_

Water Well Disinfected? Yes \_\_\_\_\_ No **X**

## Flush

her (specify)

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

10. Other (Specify below)

10	22	to very coarse grained			

						Lasting: 1491200.64

under the business name of **GSI Engineering, LLC** by (signature) 

**INSTRUCTIONS:** Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to **WATER WELL OWNER** and retain one for your records.