

2 WATER WELL OWNER: JASON AST
RR#, St. Address, Box # : 1113 N. ASKARBEN
City, State, ZIP Code : WICHITA, KS

Board of Agriculture, Division of Water Resources
Application Number:

Was a chemical/bacteriological sample submitted to Department? Yes No
submitted Water Well Disinfected? Yes No

SCREEN-PERFORATED INTERVALS: From 60 ft. to 80 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 24 ft. to 80 ft., From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

[illegible]

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.