

Board of Agriculture, Division of Water Resources
Application Number:

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** _____ If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes _____ No **X** _____

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, 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.