

**WABAUNSEE COUNTY  
EXISTING ENTRANCE MODIFICATION APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Alternate Phone:(\_\_\_\_) \_\_\_\_\_

This is a:  Residence entrance  Field entrance  Other

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Location of Entrance: (address or location to nearest address/intersection)

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Which side of road is entrance on? \_\_\_\_\_

Describe desired modifications:(i.e. replacement, extension) \_\_\_\_\_

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Reason for modifications: \_\_\_\_\_

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Signature of Applicant: \_\_\_\_\_

Mail to: Wabaunsee County Road & Bridge  
215 Kansas  
Alma, Kansas 66401

Upon receipt of this application, your entrance will be inspected to determine its current size and condition. Depending on your request, one or more estimates will be prepared and mailed to the address listed above. If you wish to proceed with the modification, simply mail back a check for the estimate with which you wish to proceed. Upon receipt of payment, the modification will be placed on our work schedule.

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**Office Use Only**

**Date Received:** \_\_\_\_\_ **Date Est. Mailed:** \_\_\_\_\_ **Dated Paid:** \_\_\_\_\_

**Check#:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Current Pipe:** Type: \_\_\_\_\_ Diameter x Length: \_\_\_\_\_

**Quoted Pipe(s):** Type: \_\_\_\_\_ Diameter x Length: \_\_\_\_\_

**Work Order#:** \_\_\_\_\_ **Work Order Date:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_