1 LOCATIO	ON OF WATER		Fraction	Section Number	Township Number	Range Number	
County: \overline{W}	Tabaunse	e	15-14/14/14/SW14	11	12	10	
Distance and direction from nearest town or city street address of well if located within city? $1/4 \ mile \ east \ of \ Alma$							
2 WATER WELL OWNER: Alma Foundation (C.L. Gnadt)							
		DD 9	Box 60		and Arman Brantation of		
City, State, ZIP Code: Alma, KS 66401 Application Number:							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
	N		WELL'S STATIC WAT	er leve2.Q	ft.		
			WELL WAS USED AS:				
N	\w	—N E	Domestic	5 Public Water Sup			
			2 Irrigation 3 Feedlot	6 Oil Field Water : 7 Lawn and Garden (Supply 10 Monitorin Only 11 Injection	g Well Well	
W	111		4 Industrial				
. X						n	
S'E Was a chemical/bacteriological sample submitted to Department? YesNo. $\overset{x}{\ldots}$. If yes, mo/day/yr sample was submitted							
	Water Well Disinfected: Yes x No						
S							
5 TYPE OF BLANK CASING USED:							
① Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter 6 in. Was casing pulled? Yes. x No If yes, how much 40							
Casing	height abo	ove or below	land surface	in.		· · · · · · · · · · · · · · · · · · ·	
6 GROUT P	LUG MATERI	AL: 1 Neat	-	_	4 Other		
Grout P	lug Interv	vals: From		., From 38.ft. to	.40.ft., From	toft.	
What is	the neare	est source of	Double Plugger f possible contamination	e oc			
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
2 Sew	er lines		7 Pit privy	12 Fertilizer storage			
	ertight se eral lines	1	9 Feedvard	14 Abandoned water s	sell bit turat		
5 Ces	ss Pool		10 Livestock pens	15 Oil well/Gas well	and sew	» ge	
Directi	on from we	ell?		How many feet?	•••••		
FROM	то	PLU	JGGING MATERIALS				
		Chlori	ne				
0	20	Sand					
20	24	Bentor					
21	38	subsoi	: I				
38	40	Bentor	ite				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
→ on (mo/day/year)							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 4.18.9.0 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No							
by (Signature)							

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.