1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
			25	
County: FOR D	SE 1/4 SW1/4 SW1/4		L	22
Distance and direction from nearest town or city street address of well if located within city? I mile South, 4 miles east of Spearville KS				
2 WATER WELL OWNER: Dale Von Trebra				
RR#, St. Address, Box #: 2095 4th St City, State, ZIP Code : Santa Pawla CA 93060 Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX:	WELL'S STATIC WATER LEVEL5.Dft.			
	WELL WAS USED AS:			
N W N E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil Field Water 5	Supply 10 Monitorin Only 11 Injection	g Well
	If yes, mo/day/yr sa	ample was submitted.		t? YesNo.X
Water Well Disinfected: Yes X No				
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 diameterin. Was casing pulled? Yes No If yes, how much				
Casing height above or below land surfacein.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From. \bigcirc ft. to. \bigcirc ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	42 Frankiliana akama		ecify below)
2 Sewer lines 7 Pit privy 12 Fertilizer storage				
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool (10) Livestock pens 15 Oil well/Gas well				
Direction from well?				
	JGGING MATERIALS	<u> </u>	•	
	; 1 1			
6 D bentonite & Sand				
1 - 21	Soit & hentoni	ب		
60 50 sand	chlorunated)		ì	
	 	_		
		,		
				•
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
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,				

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.