

1	LOCATION OF WATER WELL: County: Pawnee	Fraction CS 1/4 SW 1/4 SE 1/4	Section Number 26	Township Number T 22 S	Range Number R 16 E W																														
Distance and direction from nearest town or city street address of well if located within city? Approximately 5 miles south and 2 3/4 miles east of Larned																																			
2	WATER WELL OWNER: John H. Blackwell Et.Al. RR#, St. Address, Box # Route 2 - Box 89 City, State, ZIP Code Larned, KS 67550 Board of Agriculture, Division of Water Resources Application Number: 20,221																																		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> N <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>N W</td><td></td><td>N E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td></tr> </table> S </div> <div style="text-align: center; margin-left: 10px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td>X</td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> E </div> </div>								N W		N E				S W		S E											X							
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4	DEPTH OF WELL 170 ft WELL'S STATIC WATER LEVEL 55 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																		
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC Blank casing diameter 16 in. Casing height above or below land surface 48 in. </div> <div> 3 RMP (SR) 4 ABS Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much _____ </div> <div> 5 Wrought 6 Asbestos-Cement 8 Concrete Tile Concrete </div> <div> 9 Other (Specify below) </div> </div>																																		
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From 55 ft. to 4 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) None known </div> </div> Direction from well? _____ How many feet? _____																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>170</td> <td>55</td> <td>Chlorinated Sand</td> </tr> <tr> <td>55</td> <td>4</td> <td>Concrete Grout</td> </tr> <tr> <td>4</td> <td>0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	170	55	Chlorinated Sand	55	4	Concrete Grout	4	0	Compacted Soil																		
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-18-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 6-2-06 under the business name of Clark Well & Equipment, Inc. by (signature) <i>[Signature]</i>																																		
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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																			