1 LOCATION OF WATER WELL: Pawnee			Fraction	Section Number		Township Number	Range Number	
			NW SE NE			22S		
	direction from ne	arest town or o	ity street address of well if foc	ated within city	7?	***************************************		
	Larned S	State Hosp	ital					
2 WATE	R WELL OWNER	Larned St	ate Hospital					
RR #, St. Address, Box #: Rt 3 Box 89 City, State, ZIP Code Larmed, Ks			Board of Agriculture, Division of Water Resources Application Number:					
	WELL'S LOCAT		4 DEPTH OF WELL	30				
AN 'X'	IN SECTION BOX:		WELL'S STATIC WATER LEVEL .NA II.					
			WELL WAS USED AS:					
		NE -	1 Domestic		Water Supply			
	Х		2 Irrigation 3 Feedlot		ild Water Sup; stic (Lawn & C			
W			4 Industrial		nditioning	12 Other		
		A. F.	Was a chemical / bacteriolo	gical sample s	ubmitted to D	epartment? Yes	No X	
SV	¥ 4	SE	lí yes, mo/day/yr sample wa					
			Water Well Disinfected: Yes					
	S	tum ut Sumann	27.22.22.2					
5 TYPE	OF BLANK CASI	NG USED:						
1 Ste	,	,	ought 7 Fibergl		her (Specify b	pelow)		
© PV0	4 ABS	2	bestos-Cement 8 Concre	te Tile				
	casing diameter	(1).	Was casing pulled?	Yes	No	X If yes, how mu	ich	
							The state of the s	
9	T PLUG MATERI	ス	eat cement 2 Cement gro 30ft. to3ft.			OtherSurface s	ilts/clays	
	Plug Intervals. s the nearest sou			, rom 9		o 0ft From	to	
	eptic tank	nce or possure	6 Seepage pil	11 Fuel	storane	(B) Other Jose	wife naines	
2 Sewerlines			7 Pit privy	12 Ferti	lizer slorage		(16) Other (specify below)	
Watertight sewer lines Lateral lines			8 Sewage lagoon 9 Feedyard		sticide storage idoned water			
5 Cess poor			10 Livestock pens		el/Gas well	€3 A ₂ , 23		
Direct	ion from weil?		How many	feet?				
	ne et							
FROM	TO	TO PLUGGING MATERIALS						
30	3 Bentonite							
3	0	Surface	silts/clays					
PHI			4.4.					
			AAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA	1				
	:							
			August III					
				1				
7 CONT	RACTOR'S OF	LANDOWNE	R'S CERTIFICATION. This	water well	was ciudden	t under my jurisaliction a	ind was communited or	
i uno da	w/year)		6/4/07		record is tru	e to the best of my knowle	dge and belief. Kansas	
	Neil Contractor's U 7/4/07		585 e business name of Asso	ciated Enviro	nmental, In	eter Well Record was com C.	oleted on (mo:day/year)	
	mature)					Bunk III		
INSTRUCTI	ONS. Use type	writer or half	point pen. Please press fire	miv and print	clearly. Ples	ise fill in blood underlin	e or circle the correct	
			sas Department of Health a					
St., Ste. 420). Topeka. Kans	sas 66612-13	67. Telephone: <mark>785/29</mark> 6-55	22 Sendion	a to Water V	Veil Owner and rotain on	e for your records.	