

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	Pawnee	NW SE NE	2	22S	17E
County: Pawnee					

Distance and direction from nearest town or city street address of well if located within city?

Larned State Hospital

2	WATER WELL OWNER: Larned State Hospital
	RR #, St. Address, Box #: Rt 3 Box 89
	City, State, ZIP Code: Larned, KS
	Board of Agriculture, Division of Water Resources Application Number:

3	MARK WELL'S LOCATION WITH AN 'X' IN SECTION BOX:	4	DEPTH OF WELL 20 ft.
	WELL'S STATIC WATER LEVEL NA ft.		WELL WAS USED AS:
			1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other
			Was a chemical / bacteriological sample submitted to Department? Yes No X
			If yes, mo/day/yr sample was submitted
			Water Well Disinfected: Yes No X

5	TYPE OF BLANK CASING USED:
	1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
	Blank casing diameter in
	Casing height above or below land surface in
	Was casing pulled? Yes No X
	If yes, how much in
5	GROUT PLUG MATERIAL: 2 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Surface silts/clays
	Grout Plug Intervals: From 20 ft to 3 ft. From 3 ft. to 0 ft. From to ft.
	What is the nearest source of possible contamination:
	1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) @cont site
	Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
20	3	Bentonite
3	0	Surface silts/clays

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION. This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/4/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/year) 7/4/07 under the business name of Associated Environmental, Inc. by (signature) B. Johnson
---	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.