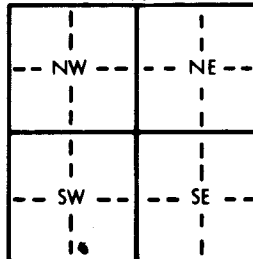


1 LOCATION OF WATER WELL: County: <b>PAWNEE</b> Fraction: <b>SW 1/4 SE 1/4 SW 1/4</b> Section Number: <b>3</b> Township Number: <b>T 20 S</b> Range Number: <b>R 16 NW</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>10 N 1/4 E LARNED</b>	
2 WATER WELL OWNER: <b>LOUISE KNOCH</b> RR#, St. Address, Box #: <b>R#1</b> City, State, ZIP Code: <b>LARNED, KS. 67550</b>	
Board of Agriculture, Division of Water Resources Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	
4 DEPTH OF COMPLETED WELL: <b>107</b> ft. ELEVATION: Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL: <b>32'6"</b> ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter: <b>8</b> in. to _____ ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Air conditioning <input type="checkbox"/> Injection well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Lawn and garden only <input type="checkbox"/> Observation well 12 Other (Specify below) _____ Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was sub- mitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5 TYPE OF BLANK CASING USED: 1 Steel <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) _____ Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 PVC <input checked="" type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) _____ 12 None used (open hole) _____ SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) _____ 11 None (open hole) _____ SCREEN-PERFORATED INTERVALS: From <b>97</b> ft. to <b>107</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>13</b> ft. to <b>107</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
6 GROUT MATERIAL: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____ Grout Intervals: From <b>3</b> ft. to <b>13</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) _____ Direction from well? _____ How many feet? _____	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) <b>9-18-85</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>463</b> This Water Well Record was completed on (mo/day/yr) <b>9-23-85</b> under the business name of <b>Sam's Water Well Service</b> by (signature) <b>Sam Rayburn</b>	
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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.	