WATER WELL RECORD   Form WWC-5   KSA 82a-1212

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Pawnee	SE¼ SE¼ SW¼	21	T 21 S	R 16 E/W

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

Larned/Pawnee Municipal Airport

2	WATER WELL OWNER: City of Larned

RR#, St. Address, Box # : 417 Broadway
City, State, ZIP Code : Larned, KS 67550

MW-5   Board of Agriculture, Division of Water Resources
Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

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        N
  -- NW -- -- NE --
W                   E
  -- SW -- -- SE --
      X
        S
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1 Mile

4 DEPTH OF COMPLETED WELL......45......ft. ELEVATION:...............

Depth(s) Groundwater Encountered 1.....34.....ft. 2.........ft. 3...............ft.

WELL'S STATIC WATER LEVEL ...34.22 ft. below land surface measured on mo/day/yr 5/23/95.......

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..........in. to ....ft., and............ in. to ....ft.

WELL WATER TO BE USED AS: 5 Public water supply   8 Air conditioning   11 Injection well
1 Domestic   3 Feedlot   6 Oil field water supply   9 Dewatering   12 Other (Specify below)
2 Irrigation   4 Industrial   7 Lawn and garden only   ⑩ Monitoring well ....

Was a chemical/bacteriological sample submitted to Department? Yes..........(No)..........; If yes, mo/day/yr sample was submitted   Water Well Disinfected? Yes   (No)

5 TYPE OF BLANK CASING USED:
1 Steel   3 RMP (SR)   5 Wrought iron   8 Concrete tile   CASING JOINTS: Glued ......Clamped......
⑥ PVC   4 ABS   6 Asbestos-Cement   9 Other (specify below)   Welded...............
7 Fiberglass   ....   (Threaded)...............

Blank casing diameter ..2........in. to ..30........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: ⑦ PVC   10 Asbestos-cement
1 Steel   3 Stainless steel   5 Fiberglass   8 RMP (SR)   11 Other (specify)..............
2 Brass   4 Galvanized steel   6 Concrete tile   9 ABS   12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)
1 Continuous slot   ③ Mill slot   6 Wire wrapped   9 Drilled holes
2 Louvered shutter   4 Key punched   7 Torch cut   10 Other (specify) ....

SCREEN-PERFORATED INTERVALS: From.....30........ft. to.....45........ft., From............ft. to.............ft.
     From.........9........ft. to............ft., From............ft. to.............ft.

GRAVEL PACK INTERVALS: From.....29........ft. to.....45........ft., From............ft. to.............ft.
     From............ft. to............ft., From............ft. to.............ft.

6 GROUT MATERIAL: 1 Neat cement   ② Cement grout   3 Bentonite   4 Other ....
Grout Intervals: From......0......ft. to....27.....ft., From.....27.....ft. to...29.....ft., From............ft. to.............ft.

What is the nearest source of possible contamination:
1 Septic tank   4 Lateral lines   7 Pit privy   10 Livestock pens   14 Abandoned water well
2 Sewer lines   5 Cess pool   8 Sewage lagoon   ⑪ Fuel storage   15 Oil well/Gas well
3 Watertight sewer lines   6 Seepage pit   9 Feedyard   12 Fertilizer storage   16 Other (specify below)
     13 Insecticide storage   ....

Direction from well? West   How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5'	Clay w/silt, dark brn.			
5'	10'	Clay w/silt, & sand			
10'	45'	Clay w/silt, light brn.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ① constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 5/20/95................ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .....438........ This Water Well Record was completed on (mo/day/yr) 6/27/95............... under the business name of Kansas City Testing Lab   by (signature) _____

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY   T   R   E/W   SEC.   ¼   ¼   ¼