

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number				
County: <u>Pawnee</u>		<u>SW 1/4 SW 1/4 SE 1/4</u>	<u>21</u>	<u>T 21 S</u>	<u>R 16 E</u>				
Distance and direction from nearest town or city street address of well if located within city? <u>Larned/Pawnee Municipal Airport</u>									
2 WATER WELL OWNER: <u>City of Larned</u>									
RR#, St. Address, Box #: <u>477 Broadway</u> <u>MW-8</u> Board of Agriculture, Division of Water Resources									
City, State, ZIP Code: <u>Larned, KS 67550</u> Application Number:									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>45</u> ft. ELEVATION:							
<div style="text-align: center;">N 1 Mile W E S</div> <table border="1" style="margin: auto; text-align: center;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1. <u>33</u> ft. 2. <u>33</u> ft. 3. <u>33</u> ft.			
		NW	NE						
		SW	SE						
		WELL'S STATIC WATER LEVEL <u>33.06</u> ft. below land surface measured on mo/day/yr <u>5/23/95</u>							
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 <u>8</u> in. to _____ ft., and _____ in. to _____ ft.									
WELL WATER TO BE USED AS:									
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only <u>Monitoring well</u>									
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> ; If yes, mo/day/yr sample was submitted _____									
Water Well Disinfected? Yes <u>No</u>									
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
Blank casing diameter <u>2</u> in. to <u>30</u> 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 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
SCREEN-PERFORATED INTERVALS: From <u>30</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>29</u> ft. to <u>45</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: From <u>0</u> ft. to <u>27</u> ft., From <u>27</u> ft. to <u>29</u> 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? <u>west</u> How many feet? <u>180</u>									
LITHOLOGIC LOG									
FROM	TO	LITHOLOGIC LOG		FROM	TO				
<u>0</u>	<u>5'</u>	<u>clay w/silt brn.</u>							
<u>5'</u>	<u>10'</u>	<u>silt, light brn.</u>							
<u>10'</u>	<u>25'</u>	<u>clay w/silt, light brn.</u>							
<u>25'</u>	<u>45'</u>	<u>clay w/silt & fine grained sand, light brn</u>							
PLUGGING INTERVALS									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5/22/95</u> and this record is true to the best of my knowledge and belief. Kansas									
Water Well Contractor's License No. <u>438</u> This Water Well Record was completed on (mo/day/yr) <u>5/27/95</u>									
under the business name of <u>Kansas City Testing</u> by (signature) <u>Charles Harper</u>									

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

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