					· · · · · · · · · · · · · · · · · · ·		
1 LOCATIO	ON OF WATER	R WELL:	Fraction	Section Number	Township Number	Range Number	
County: Pawnee			C 1/4 SE1/4 SE1/4	7	22	15 ₩	
4 1/2	2 east,	1 3/4 sou	est town or city street th of Larned, KS		located within city?		
2 WATER N	JELL OWNER	: Chris C	rane				
RR#, St. / City, Sta	Address, Bo te, ZIP Co	ox #: Rt. 2 de : Larne	2 - Box 128B ed, KS 67550	Application N		Water Resources	
3 MARK WI AN "X"	IN SECTION	TION WITH N BOX:	4 DEPTH OF WELL WELL'S STATIC WATE	56 ER LEVEL 33			
W	W	N E	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	7 Lawn and Garden	Supply 10 Monitorin Only 11 Injection	ng Well	
s	Was a chemical/bacteriological sample submitted to Department? YesNo.X If yes, mo/day/yr sample was submitted Water Well Disinfected: YesNo.X						
5 TYPE O	F BLANK CA	SING USED:					
1 Stee 2 PVC	4 ABS	6 Asbe	estos-Cement 8 Concre	glass 9 Other ete Tile			
Blank (Casing	casing dia height ab	meter4 ove or <u>below</u>	in. Was casing land surface3. I	pulled? Yes	NoX If yes, how	much	
		IAL: 1 Neat			4 Other hole	plug	
□ Grout F	Plug Inter	vals: From		., Fromft. t	oft., From	toft.	
What is	s the near	est source of	possible contamination	n:			
2 Sei 3 Wat 4 Lat	otic tank wer lines tertight s teral lines ss Pool	ewer lines s	7 Pit privy	11 Fuel storage 12 Fertilizer stora 13 Insecticide stora 14 Abandoned water of 15 Oil well/Gas wel	ge법내니 age well	ecify below) ding	
Direct	ion from w	ell?Wes	š <u>t</u>	How many feet?	25 ft.		
FROM	то	PLU	IGGING MATERIALS				
56	3	hole pl	ug				
3	0	soil					
			5-1-20 PM - 1-1-1				
7 CONTRA on (mo Water	CTOR'S OR /day/year) Well Contr /-18-01 gnature)	LANDOWNER'S (12-1-0) actor's Licer	ERTIFICATION: This water and this reconse No	well was plugged und is true to the be This Water Well of Rosencra	nder my jurisdiction st of my knowledge ar Record was completed	and was completed nd belief. Kansas d on (mo/day/year)	
					why Diagon fill in blanks		

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.