

1) LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Pawnee		SW 1/4 SW 1/4 NE 1/4		15		T 22 S		R 16 E	
Distance and direction from nearest town or city street address of well if located within city?									
2 1/2 south, 1 1/2 east of Larned, Ks.									
2) WATER WELL OWNER:		Ward Feed Yard							
RR#, St. Address, Box # :		Box H							
City, State, ZIP Code :		Larned, Ks. 67550							
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..... 90..... ft. ELEVATION:							
		Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.							
		WELL'S STATIC WATER LEVEL 65..... ft. below land surface measured on mo/day/yr 8-12-97.....							
		Pump test data: Well water was ft. after hours pumping gpm							
		Est. Yield na..... gpm: Well water was ft. after hours pumping gpm							
		Bore Hole Diameter... 9.7/8 in. to 90..... 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 live stock.....							
		Was a chemical/bacteriological sample submitted to Department? Yes..... No..... X.....; If yes, mo/day/yr sample was sub-							
		mitted Water Well Disinfected? Yes hth No							
5) TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X..... Clamped.....							
1 Steel 3 RMP (SR)		6 Asbestos-Cement 9 Other (specify below) Welded.....							
2 PVC 4 ABS		7 Fiberglass Threaded.....							
Blank casing diameter 5..... in. to 70..... ft., Dia..... in. to ft., Dia..... in. to ft.									
Casing height above land surface 2'..... in., weight SDR 26..... 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 70..... ft. to 90..... ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From 90..... ft. to 20..... ft., From ft. to ft.									
6) GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug.....									
Grout Intervals: From 20..... ft. to 3..... ft., From ft. to ft., From ft. to ft.									
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well							
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction from well? south How many feet? 300									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS									
0 7 Sandy top soil									
7 11 Brown clay									
11 21 Fine sand									
21 40 Brown clay									
40 50 Gray clay									
50 60 Sandy brown clay									
60 70 Fine sand with clay mixed									
70 75 Yellow brown clay & rock									
75 86 Medium sand and gravel									
86 90 Sand and gravel with clay mixed									
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) 8-12-97..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134.... This Water Well Record was completed on (mo/day/yr) 8-19-97..... under the business name of Rosencrantz-Bemis by (signature) Freda Hudson									
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.									