

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County:	Pawnee	SE 1/4 NW 1/4 NE 1/4	2		T 22 S		R 17 E	(W)

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

Just northeast of the laundry building at Larned State Hospital

2	WATER WELL OWNER:	Larned State Hospital
	RR#, St. Address, Box #	Route 3 - Box 89
	City, State, ZIP Code	Larned, KS 67550
	Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	40.5	ft
			WELL'S STATIC WATER LEVEL	24	ft.
			WELL WAS USED AS:		
			1 Domestic	5 Public Water Supply	9 Dewatering
			2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well
			3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
			4 Industrial	8 Air Conditioning	12 Other
			Was a chemical / bacteriological sample submitted to Department?	Yes	No <input checked="" type="checkbox"/>
			If yes, mo/day/yr sample was submitted		
			Water Well Disinfected:	Yes <input checked="" type="checkbox"/>	No

5	TYPE OF BLANK CASING USED:
	<input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought <input type="radio"/> 7 Fiberglass <input type="radio"/> 9 Other (Specify below) <input type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 8 Concrete Tile
	Blank casing diameter <u>10</u> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much <u>48</u> in. Cut off
	Casing height above or <u>below</u> land surface

6	GROUT PLUG MATERIAL:	1 Neat Cement	<input checked="" type="radio"/> 2 Cement grout	3 Bentonite	4 Other
	Grout Plug Intervals:	From <u>25</u> ft. to <u>4</u> ft.,	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.	
	What is the nearest source of possible contamination:				
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	
	2 Sewer lines	7 Pit privy	12 Fertilizer storage	None known	
	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		
	4 Lateral lines	9 Feedyard	14 Abandoned water well		
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well		
	Direction from well?	How many feet?			

FROM	TO	PLUGGING MATERIALS
40.5	25	Chlorinated Sand
25	4	Concrete Grout
4	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-21-00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>8-24-00</u> under the business name of <u>Clarke Well & Equipment, Inc.</u>
	by (signature) <u>[Signature]</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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.