

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 east of the laundry building at Larned State Hospital

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

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	39	ft	
		WELL'S STATIC WATER LEVEL			23	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	Disposal Well	
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:
1 Steel	3 RMP (SR)
2 PVC	4 ABS
5 Wrought	6 Asbestos-Cement
7 Fiberglass	8 Concrete Tile
9 Other (Specify below)	
Blank casing diameter	16 in.
Casing height above or below	land surface
Was casing pulled?	Yes _____ No <input checked="" type="checkbox"/>
If yes, how much	Cut off

6	GROUT PLUG MATERIAL:	1 Neat Cement	2 Cement grout	3 Bentonite	4 Other
Grout Plug Intervals:	From	25	ft. to	4	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
39	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) 8-21-00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 8-24-00 under the business name of Clarke Well & Equipment, Inc. by (signature) _____
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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.