

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Pawnee	SW 1/4 SW 1/4 SE 1/4	3	T 22 S	R 17 E <u>W</u>

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

Approximately 1 mile south and 4 1/2 miles west of Larned

2	WATER WELL OWNER: John D. Lewis	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	Route 3 - Box 53	Application Number: 19,103
City, State, ZIP Code	Larned, KS 67550	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 113.3 ft
		WELL'S STATIC WATER LEVEL 15.5 ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering <u>2 Irrigation</u> 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:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter 16 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height <u>above</u> or below land surface 30 in. Above flood plain in concrete structure	

6	GROUT PLUG MATERIAL: 1 Neat Cement <u>2 Cement grout</u> 3 Bentonite 4 Other
Grout Plug Intervals: From 36 ft. to 0 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 <u>None known</u> 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
113.3	36	Chlorinated Sand
36	0	Concrete Grout

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-16-00 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) 10-18-00 under the business name of Clarke Well & Equipment, Inc.
by (signature) <i>Clarke Well & Equipment, Inc.</i>	

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.