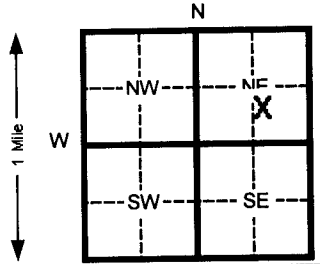


RDP006

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction	Section Number		Township Number		Range Number	
County: <b>PAWNEE</b>		<b>NW</b> $\frac{1}{4}$ <b>SE</b> $\frac{1}{4}$ <b>NE</b> $\frac{1}{4}$	<b>2</b>		<b>T 22 S</b>		<b>R 17 W</b>	
Distance and direction from nearest town or city street address of well if located within city? <b>LARNED STATE HOSPITAL</b>								
2 WATER WELL OWNER: <b>LARNED STATE HOSPITAL</b>								
RR#, St. Address, Box # : <b>RR BOX 89</b>			Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <b>LARNED, KS 67550</b>			Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <b>30</b> ft. ELEVATION:					
			Depth(s) Groundwater Encountered 1 <b>20</b> ft. 2 _____ ft. 3 _____ ft.					
			WELL'S STATIC WATER LEVEL <b>20.74</b> ft. below land surface measured on mo/day/yr <b>9/06/00</b>					
			Pump test data: Well water was _____ Ft. after _____ hours pumping _____ gpm					
			Est. Yield _____ Gpm Well water was _____ Ft. after _____ Hours pumping _____ Gpm					
			Bore Hole Diameter <b>8.625</b> in. to <b>30</b> ft. and _____ in. to _____ ft.					
WELL WATER TO BE USED AS:			5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)								
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 <b>Monitoring well</b> <b>MW-09</b>								
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was Submitted _____								
Water Well Disinfected? Yes _____ No <b>X</b>								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR)			5 Wrought Iron 8 Concrete tile			CASING JOINTS: Glued _____ Clamped _____		
2 <b>PVC X</b> 4 ABS			6 Asbestos-Cement 9 Other (specify below)			Welded _____		
			7 Fiberglass			<b>Threaded</b> <b>X</b>		
Blank casing diameter <b>2</b> in. to <b>15</b> Ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ Ft.								
Casing height above land surface <b>Flush</b> in., weight <b>Sch 40</b> Lbs./ft. Wall thickness or gauge No. _____								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless steel 5 Fiberglass			7 <b>PVC X</b> 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile			8 RMP (SR) 11 Other (specify) _____					
SCREEN OR PERFORATION OPENINGS ARE:			9 ABS 12 None used (open hole)					
1 Continuous slot 3 <b>Mill slot X</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)			6 Wire wrapped 9 Drilled holes					
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____								
SCREEN-PERFORATED INTERVALS: From <b>15</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft.								
SAND PACK INTERVALS: From <b>13</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft.								
6 GROUT MATERIAL:								
1 Neat cement			2 <b>Cement grout X</b>			3 <b>Bentonite X</b> 4 Other _____		
Grout Intervals From3 <b>13</b> ft. to <b>11</b> Ft. From2 <b>11</b> to <b>0</b> ft. From _____ ft. to _____ ft.								
What is the nearest source of possible contamination:								
1 Septic tank 4 Lateral lines 7 Pit privy			10 Livestock pens 14 Abandoned water well					
2 Sewer lines 5 Cess pool 8 Sewage lagoon			11 Fuel storage 15 Oil well/ Gas well					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard			12 Fertilizer storage 16 <b>Other (specify below)</b>					
			13 Insecticide storage <b>Contaminated Site</b>					
Direction from well? _____ How many feet? _____								
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS		
<b>0</b>	<b>2</b>		<b>SOIL</b>					
<b>2</b>	<b>9</b>		<b>SILTY CLAY</b>					
<b>9</b>	<b>30</b>		<b>SAND</b>					
<b>30</b>	<b>TD</b>		<b>END OF BOREHOLE</b>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w								
Completed on (mo/day/yr) <b>8/30/00</b> and this record is true to the best of my knowledge and belief. Kansas								
Water Well Contractor's License No. <b>585</b> This Water Well Record was completed on (mo/day/yr) <b>11/13/00</b>								
under the business name of <b>Associated Environmental, Inc.</b> By (signature) <b>Darin R Duncan</b>								
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.								

OFFICE USE ONLY

T

R

SEC