

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

Distance and direction from nearest town or city street address of well if located within city?  
**Approximately 2 1/2 miles west and 3/4 mile south of Larned**

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

<div style="text-align: center;">3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</div> <div style="text-align: center;"> </div>	<div style="text-align: center;">4 DEPTH OF WELL <b>70</b> ft</div> <div style="text-align: center;">WELL'S STATIC WATER LEVEL <b>13.33</b> ft.</div> <div style="text-align: center;">WELL WAS USED AS:</div> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <b>Test Hole</b></td> </tr> </table> <div>Was a chemical / bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> <div>If yes, mo/day/yr sample was submitted _____</div> <div>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div>	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 <b>Test Hole</b>
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 <b>Test Hole</b>											

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

6	GROUT PLUG MATERIAL: 1 Neat Cement    2 Cement grout    3 Bentonite    4 Other <b>Bentonite Holeplug</b> Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From <b>70</b> ft. to <b>4</b> 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 3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage <b>None known</b> 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
70	4	Bentonite Holeplug
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) <b>12-27-04</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>185</b> This Water Well Record was completed on (mo/day/year) <b>1-3-05</b> under the business name of <b>Clarke Well &amp; Equipment, Inc.</b> by (signature)
---	---

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.