

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Pawnee	NE 1/4 SW 1/4 SE 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?

Approximately 2 1/4 miles west and 3/4 mile south of Larned

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

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 37.6 ft
		WELL'S STATIC WATER LEVEL 11.34 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 Test Hole	
		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 2 in.	Was casing pulled? Yes No <input checked="" type="checkbox"/>
Casing height above or below land surface 48 in.	If yes, how much Cut off

6	GROUT PLUG MATERIAL:	1 Neat Cement	2 Cement grout	3 Bentonite	4 Other Bentonite Holeplug
Grout Plug Intervals:	From ft. to ft.,	From ft. to ft.,	From 37.6 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			
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	None known		
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
37.6	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) 12-27-04 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) 1-3-05 under the business name of Clarke Well & Equipment, Inc.
	by (signature) <i>Clarke Well &amp; Equipment</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.