

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 RR#, St. Address, Box # Route 3 - Box 89 City, State, ZIP Code Larned, KS 67550 <div style="float: right; text-align: right;"> Board of Agriculture, Division of Water Resources Application Number: </div>																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="border: 1px solid black; padding: 5px; text-align: center;"> </div>		4	DEPTH OF WELL 39 ft WELL'S STATIC WATER LEVEL 11.9 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering <div style="border: 1px solid black; border-radius: 15px; padding: 2px;">10 Monitoring Well</div> 11 Injection Well 12 Other </div> </div>																												
Was a chemical / bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel <div style="border: 1px solid black; border-radius: 15px; padding: 2px;">2 PVC</div> </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div>9 Other (Specify below) _____</div> </div> Blank casing diameter 5 in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much Cut off Casing height above or <div style="border: 1px solid black; border-radius: 15px; padding: 2px;">below</div> land surface 48 in.																															
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 20 ft. to 4 ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) None known </div> </div> Direction from well? _____ How many feet? _____																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">39</td> <td style="text-align: center;">20</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">4</td> <td>Bentonite Holeplug</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	39	20	Chlorinated Sand	20	4	Bentonite Holeplug	4	0	Compacted Soil												
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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)																															
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.																																