

1	LOCATION OF WATER WELL: County: Pawnee	Fraction SW 1/4 SW 1/4 SE 1/4	Section Number 2	Township Number T 22 S	Range Number R 17 E																								
Distance and direction from nearest town or city street address of well if located within city? Approximately 2 1/2 miles west and 1 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 Board of Agriculture, Division of Water Resources Application Number:																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> N <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>N W</td><td></td><td>N E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td></tr> </table> S </div> <div style="border: 1px solid black; width: 100px; height: 100px; position: relative;"> <div style="position: absolute; top: 0; left: 0;">W</div> <div style="position: absolute; top: 0; right: 0;">E</div> <div style="position: absolute; bottom: 0; left: 0;">S</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">X</div> </div> </div>								N W		N E				S W		S E												
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4	DEPTH OF WELL 56 ft. WELL'S STATIC WATER LEVEL 11.7 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 10 Monitoring Well 11 Injection Well 12 Other Test Hole </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 2 PVC Blank casing diameter 2 in. Casing height above or below land surface </div> <div> 3 RMP (SR) 4 ABS Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much 48 in. </div> <div> 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) _____ </div> </div>																												
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 56 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;">56</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	56	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) 1-4-05 under the business name of Clarke Well & Equipment, Inc. by (signature) <i>[Signature]</i>																												
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.																													