

1	LOCATION OF WATER WELL: County: <b>Pawnee</b>	Fraction <b>SE 1/4 SW 1/4 SE 1/4</b>	Section Number <b>2</b>	Township Number <b>T 22 S</b>	Range Number <b>R 17 E</b>																																													
Distance and direction from nearest town or city street address of well if located within city? <b>Approximately 2 1/4 miles west and 1 mile south of Larned</b>																																																		
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:																																																	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: 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="text-align: center; margin-left: 10px;">           W  <table border="1" style="border-collapse: collapse; text-align: center;"> <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> </table>           E         </div> </div> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <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> </table>           S         </div>								N W		N E				S W		S E																																	
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4	DEPTH OF WELL <b>37</b> ft WELL'S STATIC WATER LEVEL <b>12.6</b> 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 <b>Test Hole</b> 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)                      5 Wrought                      7 Fiberglass                      9 Other (Specify below) 2 <b>PVC</b> 4 ABS                      6 Asbestos-Cement                      8 Concrete Tile Blank casing diameter <b>2</b> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> Casing height above or <b>below</b> land surface <b>48</b> in. If yes, how much <b>Cut off</b>																																																	
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>37</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? _____																																																	
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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) <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>1-4-05</b> under the business name of <b>Clarke Well &amp; Equipment, Inc.</b> by (signature) <i>[Signature]</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.																																																		