230 7519	WATER WELL PLUGGING RECO	ORD Form WWC-5P KSA	82a-1212 ID NO	Well #4
I LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Pawnee	SE 44 SW 44 SE 44		l_	
Distance and direction from nearest tow	SE 1/4 SW 1/4 SE 1/4		T 22 S	F 17 - W
Approximately 2 1/4 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	4 DEPTH OF WELL	29 ft		
AN "X" IN SECTION BOX:				
N N		R LEVEL not checked ft.		
	WELL WAS USED AS: 1 Domestic	5 Public Water Supply	9 Dewa	terina
N W				
	2 Irrigation	6 Oil Field Water Suppl		toring Well
W	3 Feedlot	7 Domestic (Lawn & Ga		
	4 Industrial	8 Air Conditioning	12 Othe	
S W S E Was a chemical / bacteriological sample submitted to Department?Yes No ✓				
If yes, mo/day/yr sample was submitted				
S	Water Well Disinfected:	Yes V No		
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (S	R) 5 Wrought	7 Fiberglass	9 Other (Specif	y below)
2 PVC 4 ABS	6 Asbestos-Cement	8 Concrete Tile	Cement	
Blank casing diameter 22" OD, 13"	'ID in. Was casing pulled?	Yes No	✓ If yes, how r	nuch Cut off
Blank casing diameter 22" OD, 13" ID in. Was casing pulled? Yes No ✓ If yes, how much Cut off Casing height above or below land surface 108 in.				
6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From 29 ft. to 9 ft., From ft. to ft. From ft. to ft.				
What is the nearest source of possible contamination:				
		11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	Nonelmour	
3 Watertight sewer lines		13 Insecticide storage	None knowr	I
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?				
	PLUGGING MATERIALS			
29 9 Concrete				
9 0 Compacte	ed Soil	With 6'	x 6' x 6" thick concre	te slab
		position	ned over the plugged	well (top of
	14.10	concre	te grout) 9' below gro	und.
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/year) 2-16-05 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)				
2-25-05 under the business name of Clarke Well & Equipment, Inc.				
by (signature) (Say)				
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.				