

1 LOCATION OF WATER WELL: County: Pawnee	Fraction SE 1/4 NW 1/4 NE 1/4	Section Number 2	Township Number T 22 S	Range Number R 17 E/W
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER:
 RR#, St. Address, Box # : **Larned State Hospital** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Larned, KS 67550** Application Number: **33078**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF COMPLETED WELL: **42** ft. ELEVATION: **2020**

Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL **26** ft. below land surface measured on mo/day/yr **10/24/85**

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter... **6** in. to **42** ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Observation well
		9 Dewatering
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No **X** _____; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes _____ No **X** _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
2 PVC	4 ABS	7 Fiberglass	

Blank casing diameter **2** in. to **42** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface **14** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schd. 40**

CASING JOINTS: Glued **X** Clamped _____

Welded _____

Threaded _____

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

.1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

SCREEN-PERFORATED INTERVALS: From **37** ft. to **42** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From **0** ft. to **10** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)
			13 Insecticide storage	

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	22	Silty Clay			
22	40	Sand			
40	42	Dakota Clay			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) **10-22-85** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) **11-8-85** under the business name of **Kansas Geol Survey** by (signature) **Thomas M. Cain**

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 and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

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