

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Pawnee	NW ¼ NE ¼ NW ¼	36	T 22 S	R 17 E/W	
Distance and direction from nearest town or city street address of well if located within city? 5½ south 1 ¾ west of Larned, Ks.					
2 WATER WELL OWNER:	Raymond Frick Rt. 2 Larned, Ks. 67550				
RR#, St. Address, Box # :					
City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL..20..... ft. ELEVATION:				
	Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. Well's Static Water Level ..11.... ft. below land surface measured on mo/day/yr1-21-92..... Pump test data: Well water was ft. after hours pumping gpm Est. Yield .. NA... gpm; Well water was ft. after hours pumping gpm Bore Hole Diameter...10....in. to20.....ft., and.....in. toft. 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 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring welllive stock..... Was a chemical/bacteriological sample submitted to Department? Yes.....No...x..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes hth No				
	5 TYPE OF BLANK CASING USED:				
	Blank casing diameter5.....in. to12.....ft., Diain. toft., Diain. toft. Casing height above land surface.....2.....in., weight258.....lbs./ft. Wall thickness or gauge No.				
	TYPE OF SCREEN OR PERFORATION MATERIAL:				
SCREEN OR PERFORATION OPENINGS ARE:					
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
6 GROUT MATERIAL:					
Grout Intervals: From.....0.....ft. to10.....ft., From.....ft. toft., From.....ft. toft.					
What is the nearest source of possible contamination:					
Direction from well?					
FROM		TO		LITHOLOGIC LOG	PLUGGING INTERVALS
0	3			Sandy top soil	
3	6			Brown clay	
6	20			Sand and gravel	
20	21			Fire 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)1-21-92..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.134..... This Water Well Record was completed on (mo/day/yr)1-27-92..... under the business name of Rosencrantz-Bemis by (signature) Fredia Reddon					
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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					