							
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Pawnee			NW _{1/4} SW _{1/4} SE _{1/4}	1	22	18	
Distance and direction from nearest town or city street address of well if located within city?							
$7\frac{1}{2}$ west, 3/4 south of Larned, Ks.							
2 WATER WELL OWNER: Scott Keast							
Rt. 3- Box 119 RR#, St. Address, Box #:Larned, Ks. 67550 City, State, ZIP Code :Larned, Ks. 67550 Board of Agriculture, Division of Water Resources Application Number:							
	ELL'S LOCA IN SECTION		4 DEPTH OF WELL				
			WELL WAS USED AS:				
W	W	N E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	7 Lawn and Garden (Supply 10 Monitoring Only 11 Injection	g Well Well	
s	Was a chemical/bacteriological sample submitted to Department? YesNo. If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes.hth No						
5 TYPE O	TYPE OF BLANK CASING USED:						
1_Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank (Casing	Blank casing diameter16in. Was casing pulled? Yes NoX. If yes, how much						
6 GROUT I	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From23.ft. to3.ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
2 Sei 3 Wat 4 Lat	otic tank wer lines tertight se teral lines ss Pool		7 Pit privy	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	Fertilizer storage NONE Insecticide storage Abandoned water well		
Direction from well? How many feet?							
FROM	то	PLU	IGGING MATERIALS				
129½	23	sand					
23	3	Cemen	<u>t</u>				
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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)							
INSTRUCTIONS: Use typewriter or hall point pen. Please press firmly and print clearly. Please fill in blanks							

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 and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.