

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: Pawnee	1/4 NC 1/4 NW 1/4	1		T	23	S	R 15 E																								
Distance and direction from nearest town or city street address of well if located within city? Approximately 6 1/4 miles south and 1 3/4 miles west of Radium																																
2	WATER WELL OWNER: Ralph H. Baird Family Limited Partnership c/o First State Bank & Trust Co. RR#, St. Address, Box # 116 W. 6th St. City, State, ZIP Code Larned, KS 67557 <div style="float: right; text-align: right;"> Board of Agriculture, Division of Water Resources Application Number: 18,670 </div>																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4																													
		DEPTH OF WELL 98.5 ft WELL'S STATIC WATER LEVEL 45 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																														
		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: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) _____ </div> </div> Blank casing diameter 16 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> Casing height above or below land surface 48 in. If yes, how much Cut off																															
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug Grout Plug Intervals: From 10 ft. to 4 ft., From _____ ft. to _____ ft. From 45 ft. to 10 ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) _____ None known </div> </div> Direction from well? _____ How many feet? _____																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">98.5</td> <td style="text-align: center;">45</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">45</td> <td style="text-align: center;">10</td> <td>Bentonite Holeplug</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">4</td> <td>Concrete Grout</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td>Compacted Soil</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> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	98.5	45	Chlorinated Sand	45	10	Bentonite Holeplug	10	4	Concrete Grout	4	0	Compacted Soil									
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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) 7-29-02 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) 7-30-02 under the business name of Clarke Well & Equipment, Inc. by (signature)																															
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.																																