

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and  
Environment-Division of Environment  
(Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:		County <b>Gove</b>	Fraction <b>NW 1/4 SE 1/4 SW 1/4</b>	Section number <b>11</b>	Township number <b>T 13 S</b>	Range number <b>R 30 E</b>
2. Distance and direction from nearest town or city: <b>7W, 1 3/4S, 1/4E</b> Street address of well location if in city: <b>of Gove, Kansas</b>				3. Owner of well: <b>Brookovers</b> R.R. or street: <b>RFD #1</b> City, state, zip code: <b>Scott City, KS 67871</b>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"><div style="text-align: center; margin-right: 10px;">N 1 Mile W 1 Mile E S</div><div style="text-align: center;"><p style="text-align: center;">X WELL 30' FEED LOT</p></div></div>				6. Bore hole dia. <u>9</u> in. Completion date <u>5-13-77</u> Well depth <u>35</u> ft.		
5. Type and color of material				7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <u>Plas.</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <u>Clue</u> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.8</u> lbs./ft. Dia. <u>5</u> in. to <u>25</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>25</u> ft. depth gage No. <u>250</u>		
				10. Screen: Manufacturer's name <u>Jess &amp; Lowell</u> Type <u>RMP</u> Dia. <u>5 in.</u> Slot gauze <u>1/16</u> Length <u>10 ft.</u> Set between <u>25</u> ft. and <u>35</u> ft. <u>25</u> ft. and <u>35</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4-1/8</u>		
				11. Static water level: <u>17</u> ft. below land surface Date <u>5-13-77</u> mo./day/yr.		
(Use a second sheet if needed)				12. Pumping level below land surfaces: <u>NA</u> <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. <u>    </u> ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m. Estimated maximum yield <u>    </u> g.p.m.		
				13. Water sample submitted: <u>    </u> mo./day/yr. <u>    </u> Yes <input checked="" type="checkbox"/> No <u>    </u> Date <u>    </u>		
				14. Well head completion: <u>    </u> Pitless adapter <u>12</u> inches above grade <input checked="" type="checkbox"/> Well grouted? <u>yes</u> With: <u>Neat cement</u> <u>    </u> Bentonite <u>    </u> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.		
				16. Nearest source of possible contamination: <u>Feed</u> ft. <u>30</u> Direction <u>SE</u> Type <u>Lot</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <u>    </u> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>    </u> Model number <u>    </u> HP <u>    </u> Volts <u>    </u> Length of drop pipe <u>    </u> ft. capacity <u>    </u> g.p.m. Type: <u>    </u> Submersible <u>    </u> Turbine <u>    </u> Jet <u>    </u> Reciprocating <u>    </u> Centrifugal <u>    </u> Other		
18. Elevation:  Topography: <u>    </u> Hill <input checked="" type="checkbox"/> <u>Slope</u> <u>    </u> Upland <u>    </u> Valley	19. Remarks:  <b>Well not completed by us.</b>		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Weishaar Drilling</b> <u>232</u> Business name License No. Address <u>Scott City, KS 67871</u> Signature <u>[Signature]</u> Date <u>6-7-77</u> Authorized representative			

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5