

WATER WELL OWNER:	City of Brookville	Well #	4
IR#, St. Address, Box # :	Box 14	Board of Agriculture, Division of Water Resources	
City, State, ZIP Code	Brookville, Ks. 67425	Application Number: 35135	

TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued	Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded	
2 PVC	4 ABS	7 Fiberglass		Threaded	
Blank casing diameter 6 in. to		ft., Dia		in. to ft.	
Casing height above land surface 3' below		in., weight		lbs./ft. Wall thickness or gauge No.	
TYPE OF SCREEN OR PERFORATION MATERIAL:			7 PVC	10 Asbestos-cement	
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:		5 Gauzed wrapped	8 Saw cut	11 None (open hole)	
1 Continuous slot	3 Mill slot	6 Wire wrapped	9 Drilled holes		
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)		
SCREEN-PERFORATED INTERVALS:		From	ft. to	ft., From	ft. to
		From	ft. to	ft., From	ft. to
GRAVEL PACK INTERVALS:		From	ft. to	ft., From	ft. to
		From	ft. to	ft., From	ft. to

GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From 54 ft. to 3 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?

[illegible]

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) 4/30/87 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) 5/14/87 under the business name of City of Brookville by (signature) Karen M. Riedel
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.