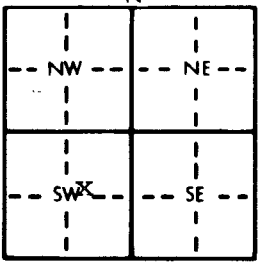


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Scott</u>	<u>SW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>23</u>	<u>T</u> <u>17</u> <u>S</u>	<u>R</u> <u>32</u> <u>E(W)</u>

Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: <u>Brookover Cattle Co.</u>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <u>Rt. #1 Box 98</u>	Application Number: <u>40326</u>
City, State, ZIP Code: <u>Scott City, Ks. 67871</u>	

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>192</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
	WELL'S STATIC WATER LEVEL <u>136</u> ft. below land surface measured on mo/day/yr <u>7-11-97</u>
	Pump test data: Well water was ft. after hours pumping gpm
	Est. Yield <u>45</u> gpm: Well water was ft. after hours pumping gpm
	Bore Hole Diameter <u>12</u> in. to <u>192</u> ft., and in. to ft.
	WELL WATER TO BE USED AS:
	5 Public water supply 8 Air conditioning 11 Injection well
	1 Domestic <input checked="" type="checkbox"/> Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
	2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well
	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

TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="checkbox"/> PVC	4 ABS	7 Fiberglass	Welded
			Threaded
Blank casing diameter <u>6</u> in. to <u>192</u> ft., Dia			
Casing height above land surface <u>12</u> in., weight			

TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="checkbox"/> PVC	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass
2 Brass	4 Galvanized steel	8 RMP (SR)
	6 Concrete tile	9 ABS
		11 Other (specify)
		12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	<input checked="" type="checkbox"/> 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 <u>152</u> ft. to <u>192</u> ft., From		
	From		
GRAVEL PACK INTERVALS:	From <u>25</u> ft. to <u>192</u> ft., From		
	From		

GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> Bentonite	4 Other
Grout Intervals: From <u>5</u> ft. to <u>25</u> ft., From				

What is the nearest source of possible contamination:	<input checked="" type="checkbox"/> Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy
2 Sewer lines	5 Cess pool	8 Sewage lagoon
3 Watertight sewer lines	6 Seepage pit	9 Feedyard
		11 Fuel storage
		12 Fertilizer storage
		13 Insecticide storage
		15 Oil well/Gas well
		16 Other (specify below)

Direction from well? How many feet? 500

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	top soil			
1	21	brown clay			
21	51	brown clay & gypsum			
51	81	fine to medium & coarse sand			
81	96	gypsum			
96	102	fine sand			
102	117	cemented sand & gypsum			
117	122	fine sand			
122	142	fine to medium sand			
142	152	fine sand with clay streaks			
152	177	fine to medium sand			
177	181	brown clay			
181	184	coarse sand			
184	192	brown clay few sand streaks			

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-11-97</u> and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. <u>532</u> This Water Well Record was completed on (mo/day/yr) <u>7-23-97</u>
under the business name of <u>Midwest Well & Pump</u> by (signature) <u>Debra Soukup</u>

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.