

1	LOCATION OF WATER WELL:	Fraction <u>SW SW NE</u> ¼ ¼ ¼	Section Number <u>27</u>	Township Number <u>17</u>	Range Number <u>32</u> <u>E/W</u>
County: <u>Scott</u>					

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

2	WATER WELL OWNER: <u>Brookover Feedyard Inc.</u>	
RR #, St. Address, Box #: <u>4000 E. Road 200</u>		Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>Scott City KS 67871</u>		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>182</u> ft.										
		WELL'S STATIC WATER LEVEL <u>154</u> ft.											
		WELL WAS USED AS:											
		<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input checked="" type="checkbox"/> Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	<input checked="" type="checkbox"/> Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial
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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:	
<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)		
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile		
Blank casing diameter <u>16</u> in.		
Was casing pulled? Yes No <input checked="" type="checkbox"/>		
Casing height above or below and surface <u>4 1/2</u> in.		

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other																				
Grout Plug Intervals: From <u>4</u> ft. to <u>10</u> ft., From ft. to ft., From ft. to ft.																					
What is the nearest source of possible contamination: <u>none</u>																					
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Direction from well? How many feet?																					

FROM	TO	PLUGGING MATERIALS
<u>153</u>	<u>182</u>	<u>1 1/2 yds. washed sand + gravel</u>
<u>10</u>	<u>153</u>	<u>7 1/2 yds. washed sand, clay, bentonite mixed</u>
<u>4</u>	<u>10</u>	<u>800 lbs. bentonite</u>
<u>0</u>	<u>4</u>	<u>top soil</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-12-08</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/year) <u>4-16-08</u> under the business name of <u>Midwest Well & Pump Inc.</u>	
by (signature) <u>John M. Siskup</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.