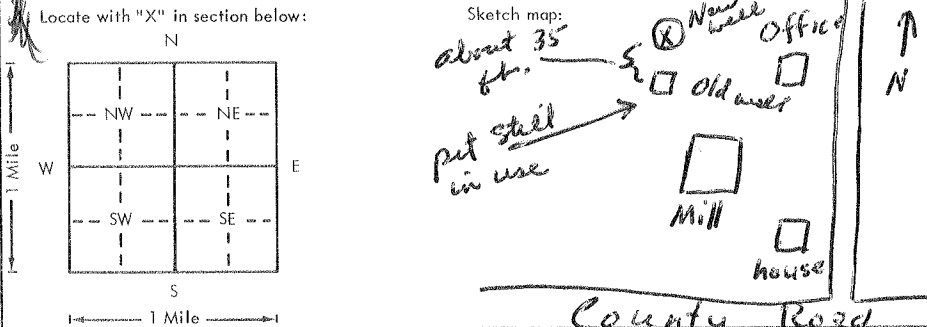


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA-82a-1201-1215

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

PLUGGING REPORT

1. Location of well:	County Scott	Fraction SE 1/4 SE 1/4 SE 1/4	Section number 22	Township number T 17 S	Range number R 32 W
2. Distance and direction from nearest town or city: 5 miles N, 4 miles E of center of Scott City		3. Owner of well: Brookover Cattle Company R.R. or street: RFD 3 City, state, zip code: Scott City, KS 67871			
4. Locate with "X" in section below: 		6. Bore hole dia. 9 in. Completion date _____ Well depth _____ ft. na			
5. Type and color of material na		7. Cable tool _____ Rotary _____ Driven _____ Dug _____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary _____			
		8. Use: Domestic _____ Public supply _____ Industry _____ Irrigation _____ Air conditioning _____ Stock _____ Lawn _____ Oil field water _____ <input checked="" type="checkbox"/> Other plugged			
		9. Casing: Material _____ Height: Above or below _____ Threaded _____ Welded _____ Surface _____ in. _____ RMP galvanized Weight _____ lbs./ft. _____ Dia. 5 in. 180 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. _____			
		10. Screen: Manufacturer's name _____ Type _____ Dia. _____ Slot/gauze _____ Length _____ Set between _____ ft. and _____ ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____			
		11. Static water level: _____ mo./day/yr. 103 ft. below land surface Date 3-5-79			
		12. Pumping level below land surfaces: na _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
		13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____			
		14. Well head completion: na Pitless adapter _____ Inches above grade _____			
		15. Well grouted? yes With: Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete _____ Depth: From total depth to _____ ft.			
		16. Nearest source of possible contamination: na ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No _____			
		17. Pump: _____ Not installed Manufacturer's name _____ na Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other _____			
18. Elevation:		19. Remarks: Well in bottom of concrete pit still in use for new well. Concrete broken from casing and well filled, inside and out with a slurry of concrete, just under three yards, Abandoned because contaminated with manure Disinfected several days before sealing. Replaced with new well, see accompanying report		20. Water well contractor's certification: This well was installed under my jurisdiction and this report is true to the best of my knowledge and belief. ABC DRILLING, INC 246 Business name _____ License No. _____ Address Scott City, KS 67871 Signed Sylvia H. Ross Date 2/6/79 Authorized representative _____	

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

Form WWC-5