

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Scott	SE ¼ NE ¼ SE ¼	13	18	33	EW

Distance and direction from nearest town or city street address of well if located within city?
1st and Main, Scott City, KS 67871

2	WATER WELL OWNER: Scott Coop Association 1st and Antelope RR #, St. Address, Box #: Scott City, KS 67871 City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:												
<table border="1"> <tr><td colspan="3">N</td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>SW</td><td></td><td>SE X</td></tr> <tr><td colspan="3">S</td></tr> </table>		N			NW		NE	SW		SE X	S		
N													
NW		NE											
SW		SE X											
S													

4	DEPTH OF WELL154.43..... ft. WELL'S STATIC WATER LEVEL152.04..... 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>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> Monitoring Well MW-11</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> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>..... If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No <input checked="" type="checkbox"/>.....</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> Monitoring Well MW-11	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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5	TYPE OF BLANK CASING USED: <table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> <p>Blank casing diameter4"..... in. Was casing pulled? Yes <input checked="" type="checkbox"/>..... No If yes, how much3'..... Casing height above or <u>below</u> land surface36..... in.</p>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<input checked="" type="checkbox"/> 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other																				
GROUT PLUG INTERVALS: From .3..... ft. to .154.43..... ft., Fromft. toft., From to ft.																					
What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>15 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> <p>Direction from well? How many feet?</p>		1 Septic tank	6 Seepage pit	11 Fuel storage	15 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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FROM	TO	PLUGGING MATERIALS
0	3	native soil
3	154.43	bentonite grout

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)2/23/14..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.736..... This Water Well Record was completed on (mo/day/year)2/21/14..... under the business name of.....MHI CO Environmental Services, Inc..... by (signature) <i>[Signature]</i>
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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.