Form WWC-5P

KSA 82a-1212 ID NO.00280967

1 LOCATION	N OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
			10	10	75
County: Wickita SE%SE%NE%SE 18 18 35 EW Distance and direction from nearest town or city street address of well if located within city?					
129 N. 120th Rd Marienthal, KS 67863 2 WATER WELLOWNER: Scott Cooperative Association					
Dr Roy 340					
RR #, St. Address, Box #: City, State, ZIP Code : Scott City, KS 67871 Board of Agriculture, Division of Water Resources Application Number:					
1 DEDTH OF MEN 4					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
		WELL WAS USED AS:		•	
NW-	NE	1 Domestic	5 Public Water Supply	9 Dewateri	•
		2 Irrigation 3 Feedlot	6 Oil Field Water Suppl7 Domestic (Lawn & Gi		
W	E	4 Industrial	8 Air Conditioning	12 Other	
SW SE X Was a chemical / bacteriological sample submitted to Department? Yes					
If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes NoX					
5 TYPE OF BLANK CASING USED:					
1 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					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From 142 ft. to					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 1 Fuel storage 16 Other (specify below)					cify below)
2 Sewer 3 Watert	lines tight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage		
4 Latera	l lines	9 Feedyard	14 Abandoned water w		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well?					
FROM	TO PLU	JGGING MATERIALS			
142' 3' Bentonite chios					
· .		te chips			
5 0	D' Native	material			
7 CONTRACT	TOR'S OF LANDOWNE	PIS CERTIFICATIONS THE	water well was stugged	under my jurisdiction o	nd was completed on
(mo/day/year)					
Water Well Contractor's License No					
by (signature) San Recaram					
INSTRUCTIONS	S: Use typewriter or ball i	point pen. <u>Please press firr</u>	nly and <u>print</u> clearly. Pleas	se fill in blanks, underlin	e or circle the correct
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson					