Form WWC-5P

KSA 82a-1212

ID NO.00295433

1 Loc	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
		1 IBCLIOIT	Geotion (validation	Township Namber	, lange Adminer
					35 ₽
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					
RR #, St. Address, Box #: P.O. Box 340 Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : Scott City, KS 67871 Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 129 ft.					
		WELL WAS USED AS:			
N	WNE	1 Domestic	5 Public Water Supply	9 Dewater	
		2 Irrigation 3 Feedlot	6 Oil Field Water Suppl7 Domestic (Lawn & Gi		
W	E	4 Industrial	8 Air Conditioning		
Was a chemical / bacteriological sample submitted to Department? Yes					
SW SE X If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes No					
S					
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 3 ft., From ft. to ft., From to ft.					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit				16 Other (spe	cify below)
2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon			12 Fertilizer storage 13 Insecticide storage		
l .	ateral lines	9 Feedyard	14 Abandoned water w	vell	
5 Cess pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well?					
FROM TO BUILDONNO MATERIALS					
FROM TO PLUGGING MATERIALS					
142'		te chips			
3' D' Native material					;
7 CONT	PACTOR'S OF LANDOWNE	P'S CERTIFICATION: This	water well was alugand	under my juriediation a	nd was completed on
(mo/day/year)					
Water Well Contractor's License No					
by (signature)					
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					
and the state of t					