

AS-3

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO. 00295419

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>Wichita</u>	<u>SE 1/4 SE 1/4 NE 1/4 SE</u>	<u>18</u>	<u>18</u>	<u>35</u> EW																								
Distance and direction from nearest town or city street address of well if located within city? <u>129 N. 120th Rd Marienthal, KS 67863</u>																													
2	WATER WELL OWNER: <u>Scott Cooperative Association</u>																												
	RR #, St. Address, Box #: <u>P.O. Box 340</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>142</u> ft.																									
		WELL'S STATIC WATER LEVEL <u>129</u> ft.																											
		WELL WAS USED AS:																											
		<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn &amp; Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 <u>Injection Well</u> 12 Other </div> </div>																											
		Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ..... No <u>X</u> .....																											
5	TYPE OF BLANK CASING USED:																												
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <u>2 PVC</u> 4 ABS      6 Asbestos-Cement      8 Concrete Tile																												
	Blank casing diameter <u>2</u> in.      Was casing pulled? Yes <u>X</u> No .....      If yes, how much <u>3'</u> Casing height above or <u>below</u> land surface <u>36</u> in.																												
6	GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <u>3</u> Bentonite      4 Other .....																												
	Grout Plug Intervals:      From <u>142</u> ft. to <u>3</u> ft.,      From ..... ft. to ..... ft.,      From ..... to ..... ft.																												
	What is the nearest source of possible contamination:																												
	<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> <u>11</u> Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div>																												
	Direction from well? <u>S</u> How many feet? <u>100</u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>142'</u></td> <td><u>3'</u></td> <td><u>Bentonite chips</u></td> </tr> <tr> <td><u>3'</u></td> <td><u>0'</u></td> <td><u>Native material</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>142'</u>	<u>3'</u>	<u>Bentonite chips</u>	<u>3'</u>	<u>0'</u>	<u>Native material</u>															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-9-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>7-16-09</u> under the business name of <u>Green Field Contractors</u> This Water Well Record was completed on (mo/day/year) <u>7-16-09</u> by (signature) <u>Jan Pearson</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