1 LOCA	TION OF WA	TER WELL:	Fraction	Section Number	Township Number	Range Number	
County: \	lichit		SE'SE "NE "SE	18	18	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 WELL OWNED. Scott Cooperative Association							
RR #, St. Address, Box #: P.O. Box 340  Board of Agriculture, Division of Water Resources							
City, State, ZIP Code : Scott City, RS 6(8/1 Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL							
	N	<del></del>					
			WELL WAS USED AS:		•		
N	<i>N</i>	- NE	1 Domestic 2 Irrigation	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li></ul>			
w		E	3 Feedlot	7 Domestic (Lawn & G	arden) (11)Injection	Well	
VV		-	4 Industrial	8 Air Conditioning	12 Other		
SE X Was a chemical / bacteriological sample submitted to Department? Yes							
If yes, mo/day/yr sample was submitted							
.	S		Water Well Disinfected: Ye	s No			
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 ft., From ft. to ft., From ft.							
What is the nearest source of possible contamination:							
	eptic tank ewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (spe	cify below)	
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							
Direction from well?							
FROM	то	PLU	JGGING MATERIALS				
142'	3,	Bentonit	te chios				
نح	8	Native	ma atesial		•		
		1001100	Mareria				
			<del> </del>				
						•	
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on							
(mo/day/year)7 G G G G G G G							
Water Well Contractor's License No							
by (sig	by (signature) San Peagean						
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