1 Loca	ATION OF WA	TER WELL:	Fraction	Section Numb	er Township	Number	Range Nu	mber
County: Wichita			CERCE KNE KSE	19	19		35	; E(W)
			SE'SE 'NE 'SE ity street address of well if loc	ated 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 N	N BOX:	WELL'S STATIC WATE	R LEVEL 1.30.	ft.			
			WELL WAS USED AS:					
N	w	NE	1 Domestic	5 Public Water 9		9 Dewaterir		
			2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well					
W		E	4 Industrial	8 Air Conditionir	g	12 Other		••••••
SW 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 .X				
5 TYPE	OF BLANK C	ASING 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:								
2 5	Septic tank Sewer lines		6 Seepage pit 7 Pit privy		12 Fertilizer storage			
	Vatertight sew ateral lines	er lines	8 Sewage lagoon 9 Feedyard	13 Insecticide si	-			į
	ess pool		10 Livestock pens	15 Oil well/Gas				
Direction from well?								
FROM	то	PII	IGGING MATERIALS					
								j
142'	3'	1	re chips					
_3'	5,	Native	material					
7 CONT	RACTOR'S	OF LANDOWNER	R'S CERTIFICATION: This	water well was plu	gged under my jur	isdiction ar	nd was complete	ed on
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas								
Water Well Contractor's License No								
				`				
INSTRUCTI	ONS: Use t	pewriter or ball p	point pen. <u>Please press firr</u> as Department of Health ar	nly and <u>print</u> clearly.	Please fill in blank	s, underline	or circle the co	rrect
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