Form WWC-5P

KSA 82a-1212

ID NO.00280943

1 LOC	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	lichita	SE'SE "NE "SE	18	18	35 €
Distance and direction from nearest town or city street address of well if located within city?					
179 N. 120th Rd Marienthal, KS 67863 2 WATER WELLOWNER: Scott Cooperative Association					
2 WAT	ER WELL OWNER: Scott	Cooperative As	speration		
RR #, St. Address, Box #: P.O. Box 340 City, State, ZIP Code : Scott City, KS 67871 Board of Agriculture, Division of Water Resources Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL					
		WELL WAS USED AS:			
N	W NE -	1 Domestic	5 Public Water Supply	9 Dewateri	na
1.1		2 Irrigation	6 Oil Field Water Suppl	y 100Monitorin	ng Well
w	E	3 Feedlot	7 Domestic (Lawn & Ga		
"		4 Industrial	8 Air Conditioning	12 Other	
SW SE X Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes No					
	S	Trator Tron Dibinootod.	· · · · · · · · · · · · · · · · · · ·		
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					
What is the nearest source of possible contamination:					
	Septic tank	6 Seepage pit	Fuel storage	16 Other (spe	cify below)
Sewer lines Watertight sewer lines		7 Pit privy8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage		
	ateral lines	9 Feedyard	14 Abandoned water well		
5 Cess pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well?					
FROM TO PLUGGING MATERIALS					
75	3' Bentonit	e aking			
<u> </u>	0' '	ا,			
	8 Native	material			
	· .				
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. This Water Well Record was completed on (mo/day/year)					
by (sig	nature) Sam Pecase	Manual India of Manual		7. Tel. I . I . I	
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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