Form WWC-5P

KSA 82a-1212

ID NO.00280936

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1 LOC	ATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Wichita 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 WELL OWNER: Scott Cooperative Association					
RR #, St. Address, Box #:  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:			
	W NE	1 Domestic	5 Public Water Supply	9 Dewater	ng
		2 Irrigation	6 Oil Field Water Supp		
w	E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G. 8 Air Conditioning		VV8II
					<b>.</b> .
SW SE X Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes NoX					
	S	vvaler vven Distributed. Te	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 70 ft. to 3 ft., From ft. to ft. From ft., From ft., From ft.					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 15 Fuel storage 16 Other (specify below)					cify below)
Sewer lines     Watertight sewer lines		<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>		12 Fertilizer storage 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	TO PLU	JGGING MATERIALS			
70'	31 Reintoni	to alive			
	2 ' Link	te chips			
	O Native	material			
				•	
				•	
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1.10-09 and this record is true to the best of my knowledge and belief. Kansas					
(mo/day/year)					
Water Well Contractor's License No					
by (signature)					
TOTAL CONTROL OF THE					

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