Form WWC-5P

KSA 82a-1212

10 NO. OD 299 79 4

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 WELLOWNER: Scott Cooperative Association					
2 WAT	ER WELL OWNER: SCOTT	cooperative as	SOCIATION		
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 ft.					
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft.					
WELL WAS USED AS:					
N	W NE -	1 Domestic	5 Public Water Supply		•
•		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G		
w	E	4 Industrial	8 Air Conditioning	12 Other	
SW SE X Was a chemical / bacteriological sample submitted to Department? Yes					
Water Well Disinfected: Yes NoX					
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 in. Was casing pulled? Yes No No					
Casing height above or below land surface					
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From					
1 Septic tank 6 Seepage pit Fuel storage 16 Other (specify below)					
	Sewer lines	7 Pit privy	12 Fertilizer storage		
4 1	Natertight sewer lines ateral lines	8 Sewage lagoon 9 Feedyard			
5 Cess pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well?					
FROM	TO PLU	JGGING MATERIALS			
76	3' Rentoni	11			
<u> </u>	2	te chips			
	O Native	material			
			· ·		
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
Water Well Contractor's License No					
Water Well Contractor's License No					
DISTRICTIONS II					

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