## SU-3R

WATER WELL PLUGGING RECORD

Form WWC-5P

KSA 82a-1212

ID NO.00295563

1 LOCATION	OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Wic	10, +0	SENSE NNE NSE	18	18	35 m
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 OWNER: Scott Cooperative Association					
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 1.30 ft.					
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL ft.					
		WELL WAS USED AS:			
w	NE — E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	<ul><li>5 Public Water Supply</li><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li><li>8 Air Conditioning</li></ul>	ly 10 Monitorin	g Well Well
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					
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:  1 Septic tank 6 Seepage pit 1 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage					cify below)
Watertight sewer lines     Lateral lines     Cess pool		8 Sewage lagoon 9 Feedyard 10 Livestock pens	<ul><li>13 Insecticide storage</li><li>14 Abandoned water v</li><li>15 Oil well/Gas well</li></ul>	vell	
Direction from well?					
FROM TO PLUGGING MATERIALS					
		te chips			
3' 8	3 Native	material			
7 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					
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					