

CORRECTION(S) TO WATER WELL RECORD (WWC-5)
(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 26-32S-5E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): SE SE SW

County: Montgomery

Location changed to:

26-32S-15E

SE SW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well site address, city street map, and mapping tool on KGS website.

initials: WRB date: 12/17/2010

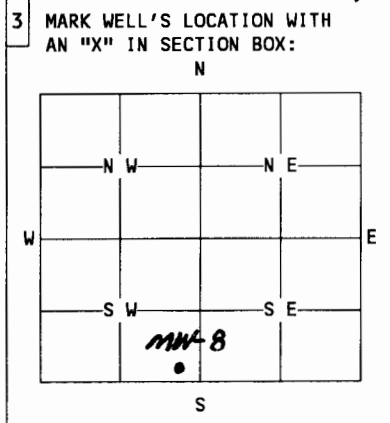
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

MW-8

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <i>Montgomery</i>	<i>SE SW</i> SE 1/4 <i>SW</i> 1/4	<i>26</i>	<i>T32S</i>	<i>R5E</i>

Distance and direction from nearest town or city street address of well if located within city?
Located at 2400 West Laurel, Independence, Kansas

2 WATER WELL OWNER: *Emerson Motor Company*
 RR#, St. Address, Box #: *2400 West Laurel* Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: *Independence, KS 67301* Application Number:



4 DEPTH OF WELL.....*36*.....ft.
 WELL'S STATIC WATER LEVEL.....*9.5*.....ft. *bgs*
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well
 3 Feedlot 7 Lawn and Garden Only 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other.....
 Was a chemical/bacteriological sample submitted to Department? Yes....No...*X*
 If yes, mo/day/yr sample was submitted.....
 Water Well Disinfected: Yes..... No...*X*

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 *Open hole*

Blank casing diameter.....*0*.....in. Was casing pulled? Yes..... No..... If yes, how much.....
 Casing height above or below land surface.....*0*.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Plug Intervals: From *36*..ft. to *1*.....ft., From.....ft. toft., From..... to.....ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well
 16 Other (specify below)
Emergency..vacatsh. overflow tank (aboveground storage tank)
 Direction from well? *north*..... How many feet? *175'*.....

FROM	TO	PLUGGING MATERIALS
<i>36</i>	<i>1</i>	<i>Bentonite chips</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *1-28-97*..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *568*..... This Water Well Record was completed on (mo/day/year) *1-28-99*..... under the business name of *MAKS*..... by (signature) *David Hunch*.....

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.