

CORRECTION(S) TO WATER WELL RECORD (WWC-5)

(to rectify lacking or incorrect information)

County: Montgomery

Location listed as:

Location changed to:

Section-Township-Range: 32-29S-32W

26-32S-15E

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

SW SE SW

Other changes: Initial statements: 2506 W. Main, Independence, KS 67301

Changed to: 2706 W. Main, Independence, KS 67301

Comments:

verification method: Well owner's address, well address listed on original construction record, city street map, and mapping tool on KGS website.

initials: DRJ date: 2/25/2008

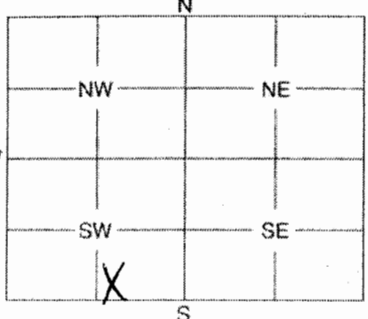
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

<b>1</b> LOCATION OF WATER WELL: County: <b>Montgomery</b>	Fraction <b>SW ¼ SE ¼ SW ¼</b>	Section Number <b>32</b>	Township Number <b>29S</b>	Range Number <b>32W</b> E/W
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Distance and direction from nearest town or city street address of well if located within city?  
**2506 W. Main, Independence, Ks 67301**

**2** WATER WELL OWNER: **Miller Brothers c/o Sam Sparks**  
RR #, St. Address, Box #: **2706 W. Main** Board of Agriculture, Division of Water Resources  
City, State, ZIP Code : **Independence, Ks 67301** Application Number:

<b>3</b> MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	<b>4</b> DEPTH OF WELL <b>15.10</b> ft. WELL'S STATIC WATER LEVEL <b>7.15</b> ft. 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 Domestic (Lawn & Garden)                      11 Injection Well 4 Industrial                      8 Air Conditioning                      12 Other .....
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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

Blank casing diameter ..... in.      Was casing pulled? Yes **X**..... No .....      If yes, how much **3'**.....  
Casing height above or below land surface ..... in.

**6** GROUT PLUG MATERIAL: 1 Neat cement      2 Cement grout      **3** Bentonite      **4** Other **cement**  
Grout Plug Intervals: From **3** 15.10 ft. to **3** ft. From **3** ft. to **0** ft. 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

Direction from well? .....      How many feet? .....

FROM	TO	PLUGGING MATERIALS
15.10	3	Bentonite
3	0	Cement

**7** CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **01/29/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No **585** This Water Well Record was completed on (mo/day/year) **02/12/08** under the business name of **Associated Environmental, Inc.** by (signature) **B. Johnson**

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 St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.