

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

(to rectify lacking or incorrect information)

Location listed as:

Section-Township-Range: 32-25-15

Fraction (1/4 1/4 1/4): None Given

County: Montgomery

Location changed to:

25-325-15E

SW NE NW

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Well owner's address, city street map, other monitoring wells nearby for same owner, and mapping tool on KGS website. initials: ARL date: 10/14/2009

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.

WATER WELL RECORD *0mw-16* Form WWC-5

Division of Water Resources; App. No. [REDACTED]

1 LOCATION OF WATER WELL:
 County: *Montgomery* Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number _____ Township Number *T 35 S 25* Range Number *R 15* E/W
 Distance and direction from nearest town or city street address of well if located within city? _____ **Global Positioning Systems** (decimal degrees, min. of 4 digits)
 Latitude: *N 31° 15' 31.798" N*
 Longitude: *E 081° 21' 20.985" W*
2 WATER WELL OWNER: *Standard Motor Products*
 RR#, St. Address, Box # : *1300 W. Oak Street*
 City, State, ZIP Code : *Independence, KS 67301*
 Elevation: _____ Datum: _____
 Data Collection Method: _____

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:
 N

		X	

 E
 S

4 DEPTH OF COMPLETED WELL *34* ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL..... ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was.....ft. after..... hours pumping..... gpm
 Est. Yield.....gpm: Well water was.....ft. after..... hours pumping..... gpm
 WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr
 Sample was submitted..... Water well disinfected? Yes No

5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..... Clamped.....
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.....
 2 PVC 4 ABS 7 Fiberglass Threaded
 Blank casing diameter *2* in. to *24* ft., Diameter in. to ft., Diameter in. to ft.
 Casing height above land surface..... *Flush* in., weight.....lbs./ft. Wall thickness or gauge No. *Sch 40*
 TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)
 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot 3 Mill slot 5. Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)
 SCREEN-PERFORATED INTERVALS: From..... *34* ft. to *24* ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.
 GRAVEL PACK INTERVALS: From..... *34* ft. to *22* ft., From ft. to ft.
 From..... ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grout Intervals: From *22* ft. to *2* ft., From ft. to ft., From ft. to ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil wll/gas well
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<i>0</i>	<i>7</i>	<i>Brn Clay</i>			
<i>7</i>	<i>15</i>	<i>Tan L.S</i>			
<i>15</i>	<i>34</i>	<i>L.S with Shale</i>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) *8-16-08* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *709* This Water Well Recorded was completed on (mo/day/year) *8-29-08* Under the business name of *MAXS* by (signature) *Daniel N...*

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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.