

County: Montgomery Fraction: SE NW NE SW Sec. 25 T. 32 S R. 15 E

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

Owner: KDHE BER SVE-3

**If location corrected, was listed as:**

Section-Township-Range: 25-32

Fraction (¼ calls): SW

**Location changed to:**

25-32-15E

SE NW NE SW

**Other changes:** Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

Verification method: verified using LEOWEB and KGS mapper

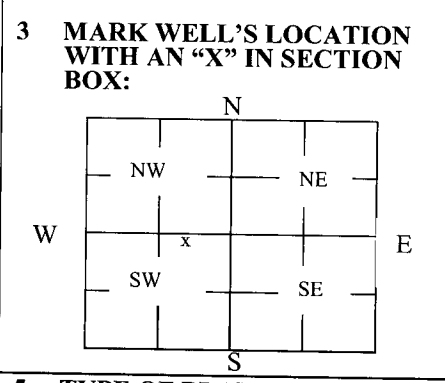
Initials: SH Date: 07/28/2022

Submitted by:  Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3724  
 Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367

<b>1 LOCATION OF WATER WELL:</b> County: Montgomery	Fraction 1/4 1/4 1/4 SW 1/4	Section Number 25	Township Number T 32 S	Range Number <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/>  800 N. 21st Street Independence, KS 67301	<b>Global Positioning Systems (GPS) information:</b> Latitude: <u>≈ 37.2316</u> (in decimal degrees) Longitude: <u>≈ 95.7231</u> (in decimal degrees) Elevation: <u>789 feet above MSL</u> Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input checked="" type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m
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<b>2 WATER WELL OWNER:</b> KDHE BER RR#, St. Address, Box #: 1000 SW Jackson, Suite 410 City, State ZIP Code: Topeka, KS 66612	
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**4 DEPTH OF WELL** 8-9 ft.

WELL'S STATIC WATER LEVEL DRY ft

WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input checked="" type="checkbox"/> Other <u>Soil vapor extraction pilot test</u>

Was a chemical/bacteriological sample submitted to Department? Yes  No

**5 TYPE OF BLANK CASING USED:**

<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below)
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes  No  If yes, how much \_\_\_\_\_ 100%

Casing height above or below land surface N/A in.

**6 GROUT PLUG MATERIAL:** N/A  Neat cement  Cement grout  Bentonite  Other Entire PVC well materials removed

Grout Plug Intervals: N/A From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Well removed during excavation of source area. Excavation subsequently backfilled with clean material.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input checked="" type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<u>Site is impacted from historical operations</u>
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
N/A					

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was ~~plugged under my jurisdiction and was completed on (mo/day/year)~~ March 2022 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A. This Water Well Record was completed on (mo/day/year) April 4, 2022 under the business name of Burns & McDonnell by (signature) Trevor Gustafson

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.