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: _25-32S-15W_

_30-32S-16E_

Fraction (¼ ¼ ¼): _SE NE NE_

_SE NW NW_

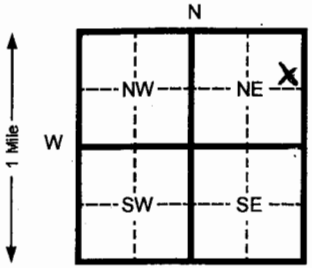**Other changes:** Initial statements: _____

_____

Changed to: _____

_____

Comments: _____

_____

verification method: _Well address, city map on internet, and Independence 1:24,000 topo map._

initials: _DRL_ date: _6/28/2005_

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   Form WWC-5   KSA 82a-1212

1	LOCATION OF WATER WELL:	Fraction						Section Number	Township Number	Range Number
County:	**Montgomery**	**SE** ¼	**NE** ¼	**NE** ¼				**25**	T **32** S	R **15** W

Distance and direction from nearest town or city street address of well if located within city?
1401 Penn, Independence, Ks

2	WATER WELL OWNER:	**Donald L. Kendrick – Kendrick's Service**

RR#, St. Address, Box # : **RR 4194 B**

City, State, ZIP Code : **Independence, Ks 67301**

Board of Agriculture, Division of Water Resources

Application Number:

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

N

NW	NE **X**
SW	SE

W ← 1 Mile → E
S

4 DEPTH OF COMPLETED WELL **16.5** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ Ft. 3 _____ Ft.

WELL'S STATIC WATER LEVEL **6.44** ft. below land surface measured on mo/day/yr **05/17/05**

Pump test data: Well water was _____ Ft. after _____ hours pumping _____ Gpm

Est. Yield _____ Gpm: Well water was _____ Ft. after _____ Hours pumping _____ Gpm

Bore Hole Diameter **6.5** In. to **16.5** ft. and _____ in. to _____ Ft.

WELL WATER TO BE USED AS: 5 Public water supply   8 Air conditioning   11 Injection well
1 Domestic   3 Feed lot   6 Oil field water supply   9 Dewatering   12 Other (Specify below)

2 Irrigation   4 Industrial   7 Lawn and garden (domestic)   10 Monitoring well **MW-11**

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: 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 **X**

Blank casing diameter **2** in. to **4.5** Dia Ft., _____ In. to _____ ft., Dia _____ in. to _____ Ft.

Casing height above land surface **FLUSH** In., weight **SCH 40** Lbs./ft. Wall thickness or gauge No. _____

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC   10 Asbestos-cement
1 Steel   3 Stainless steel   5 Fiberglass   8 RMP (SR)   11 Other (specify) _____
2 Brass   4 Galvanized steel   6 Concrete tile   9 ABS   12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped   8 Saw cut   11 None (open hole)
1 Continuous slot   3 Mill slot   6 Wire wrapped   9 Drilled holes
2 Louvered shutter   4 Key punched   7 Torch cut   10 Other (specify) _____

SCREEN-PERFORATED INTERVALS: From **4.5** ft. to **16.5** ft. From _____ ft. to _____ ft.

From _____ ft. to _____ ft. From _____ ft. to _____ Ft.

SAND PACK INTERVALS: From **3** ft. to **16.5** 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 From3 **1** ft. to **3** Ft. From2 **0** Ft. to **1** 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   14 Abandoned water well
2 Sewer lines   5 Cess pool   8 Sewage lagoon   11 Fuel storage   15 Oil well/ Gas well
3 Watertight sewer lines   6 Seepage pit   9 Feedyard   12 Fertilizer storage   16 Other (specify below)
13 Insecticide storage   **Contaminated Site**

Direction from well? _____ How many feet? _____

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.5		Gravel			
.5	5		Silty lay (CL) dark brown			
5	6		Sandstone, brown			
6	8		Limestone			
8	10		Sandstone, brown			
10	12.5		Siltstone, (sandy) gray			
12.5	16.5		Limestone			
16.5	TD		End of Borehole			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w

Completed on (mo/day/yr) **05/17/05** 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/yr) **06/07/05**

Under the business name of **Associated Environmental, Inc.** By (signature) **Bradley J. Johnson**

INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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