

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

(to rectify lacking or incorrect information)

County: Montgomery

Location listed as:

Section-Township-Range: 25-32-5E

Fraction ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$): _____

Location changed to:

25-32S-15E

NW NW SE

Other changes: Initial statements: _____

Changed to: _____

Comments: _____

verification method: Montgomery Co. map, map on internet, aerial photos
on KGS web.

initials: E.P. date: 1/13/2006

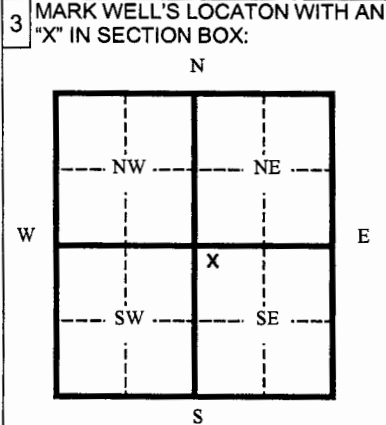
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

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

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montgomery	NW 1/4 NW 1/4 SE 1/4	25	32	05 E

Distance and direction from nearest town or city street address of well if located within city?
919 N. 16th St., Independence

2 WATER WELL OWNER:	Crescent Oil Company		
RR#, St. Address, Box #	PO Box 667		
City, State, ZIP Code :	Independence, KS 67301		
	Board of Agriculture, Division of Water Resources		
	Application Number:		



4 DEPTH OF WELL	15.72	ft. Originally drilled to 16 ft bgs
WELL'S STATIC WATER LEVEL	9.21	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 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other
Was a chemical/bacteriological sample submitted to Department?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, mo/day/yr sample was submitted		_____
Water Well Disinfected:		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2** in. Was casing pulled? Yes No If yes, how much _____

Casing height above or below land surface **0.0** in. **Well overdrilled to 16 feet below ground surface (bgs)**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other _____

Grout Plug Intervals From **2** ft. to **13** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
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	CODE	PLUGGING MATERIALS
0	2		Soil and rock
2	13		Bentonite 275 lbs
13	16		Natural formation, well caved in

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **10-24-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **11-23-05** under the business name of **Geotechnical Services, Inc.** by (signature) *Alison M. [Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.