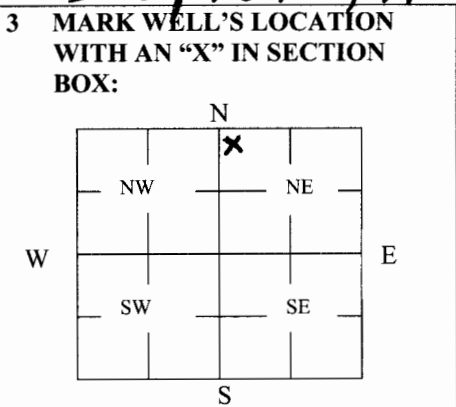


| | | | | |
|---|--------------------------------------|-------------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: <u>Montgomery</u> | Fraction <u>NW 1/4 NW 1/4 NE 1/4</u> | Section Number <u>6</u> | Township Number <u>33</u> | Range Number <u>16</u> B/W |
|---|--------------------------------------|-------------------------|---------------------------|--|

Distance and direction from nearest town or city street address of well if located within city?
Approximately 600' FEET South of the City limits to Independence
KANSAS on South 2nd Street on WEST SIDE

| | |
|--|---|
| 2 WATER WELL OWNER: <u>MONTGOMERY County</u> RR#, St. Address, Box #: <u>1145 South 2nd Street</u> City, State ZIP Code: <u>INDEPENDENCE, KANSAS 67301</u> | Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____ |
|--|---|



4 DEPTH OF WELL 18.5 ft.

WELL'S STATIC WATER LEVEL 10 ft

WELL WAS USED AS:

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> 1 Domestic | <input type="checkbox"/> 5 Public Water Supply | <input type="checkbox"/> 9 Dewatering |
| <input type="checkbox"/> 2 Irrigation | <input type="checkbox"/> 6 Oil Field Water Supply | <input type="checkbox"/> 10 Monitoring |
| <input type="checkbox"/> 3 Feedlot | <input type="checkbox"/> 7 Domestic (Lawn & Garden) | <input type="checkbox"/> 11 Injection Well |
| <input type="checkbox"/> 4 Industrial | <input type="checkbox"/> 8 Air Conditioning | <input type="checkbox"/> 12 Other _____ |

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

5 TYPE OF BLANK CASING USED:

| | | | | |
|----------------------------------|-------------------------------------|--|--|---|
| <input type="checkbox"/> 1 Steel | <input type="checkbox"/> 3 RMP (SR) | <input type="checkbox"/> 5 Wrought | <input type="checkbox"/> 7 Fiberglass | <input checked="" type="checkbox"/> 9 Other (Specify below) |
| <input type="checkbox"/> 2 PVC | <input type="checkbox"/> 4 ABS | <input type="checkbox"/> 6 Asbestos-Cement | <input type="checkbox"/> 8 Concrete Tile | <u>HANDDIG - BRICK LINED</u> |

Blank casing diameter 72 in. Was casing pulled? Yes _____ No If yes, how much _____
 Casing height above or below land surface 0 in. Excavation & Removal of HAND LAID LINER TO 5' BELOW GRADE SURFACE

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

Grout Plug Intervals: From 10 ft. to 5 ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

| | | | |
|--|--|--|---|
| <input type="checkbox"/> 1 Septic tank | <input type="checkbox"/> 6 Seepage pit | <input type="checkbox"/> 11 Fuel Storage | <input type="checkbox"/> 16 Other (specify below) |
| <input type="checkbox"/> 2 Sewer lines | <input type="checkbox"/> 7 Pit privy | <input type="checkbox"/> 12 Fertilizer storage | _____ |
| <input checked="" type="checkbox"/> 3 Watertight sewer lines | <input type="checkbox"/> 8 Sewage lagoon | <input type="checkbox"/> 13 Insecticide storage | _____ |
| <input type="checkbox"/> 4 Lateral lines | <input type="checkbox"/> 9 Feedyard | <input type="checkbox"/> 14 Abandoned water well | Direction from well? <u>EAST/SOUTHEAST</u> |
| <input type="checkbox"/> 5 Cess pool | <input type="checkbox"/> 10 Livestock pens | <input type="checkbox"/> 15 Oil well/Gas well | How many feet? <u>15'</u> |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|--------------|------------|---------------------------|------|----|--------------------|
| <u>18.5'</u> | <u>10'</u> | <u>Chlorinated GRAVEL</u> | | | |
| <u>10'</u> | <u>5'</u> | <u>NEAT Cement GROUT</u> | | | |
| <u>5'</u> | <u>0'</u> | <u>EARTHEN MATERIALS</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7-14-10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____. This Water Well Record was completed on (mo/day/year) 7-14-10 under the business name of Montgomery County by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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. Visit us at <http://www.kdheks.gov/geo/waterwells>.