County: Montgomery Fraction: NENENW		
CORRECTION(S) TO WATER WELL COMPLETION RECORD	Form WWC-5 (to rectify lacking or incorrect information)	
Owner: Julia Joann & Michael W. Price		
If location corrected, was listed as:	Location changed to:	
Section-Township-Range: 7-335-16E	7-335-16E	
Section-Township-Range: 7-335-16E  Fraction (1/4 calls): None Given	NE NE NW NW	
Other changes: Initial statements:		
Changed to:		
Comments:		
Verification method: / poe/ de scription well	aumer's address Mantagmery	
Verification method: Legal description, well owner's address, Montgomery  County online parcel search, and mapping tool & aerial photos  on KGS website.  Initials: DRA Date: 12/4/2018		
County online parcel search, and	mapping tool & aerial photos	
on KGS website.	Initials: Date: 12/4/2018	
Submitted by: X Kansas Geological Survey, Data Resources Library, 19	· ,	
Kansas Dept. of Health & Environment, Bureau of Wa	ater, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367	
	(01/26/2018)	

County: Moutcomery   1/4   1/4   07   33    Distance and direction from nearest town or city street address of well if located within city?  2 WATER WELL OWNER:     JULIA JOANN + MICHAEL W. PRICE     RR#, St. Address, Box #:     I 33 W. COLLEGE AVENUE     City, State ZIP Code:	ering oring on Well	
2 WATER WELL OWNER:  JULIA JOANN → MICHAEL W. PRICE  RR#, St. Address, Box #:  Longitude:  Longitude:  Elevation:  Datum:  Data Collection Method:  3 MARK WELL'S LOCATION  WITH AN "X" IN SECTION  BOX:  WELL'S STATIC WATER LEVEL  N  WELL WAS USED AS:  WELL WAS USED AS:  1 Domestic  2 Irrigation 3 Feedlot 3 Feedlot 5 Public Water Supply 9 Dewater 2 Irrigation 6 Oil Field Water Supply 10 Monitor  Domestic (Lawn & Garden) 11 Injection 4 Industrial 8 Air Conditioning 12 Other  Was a chemical/bacteriological sample submitted to Department? Yes_	ering on Well	
2 WATER WELL OWNER:  JULIA JOANN → MICHAEL W. PRICE  RR#, St. Address, Box #:  Longitude:  Longitude:  Elevation:  Datum:  Data Collection Method:  3 MARK WELL'S LOCATION  WITH AN "X" IN SECTION  BOX:  WELL'S STATIC WATER LEVEL  N  WELL WAS USED AS:  WELL WAS USED AS:  1 Domestic  2 Irrigation 3 Feedlot 3 Feedlot 5 Public Water Supply 9 Dewater 2 Irrigation 6 Oil Field Water Supply 10 Monitor  Domestic (Lawn & Garden) 11 Injection 4 Industrial 8 Air Conditioning 12 Other  Was a chemical/bacteriological sample submitted to Department? Yes_	ering oring on Well	
Latitude:	ering oring on Well	
Latitude:	ering oring on Well	
Latitude:	ering oring on Well	
RR#, St. Address, Box #:    133 W. COLLEGE AVENUE   Elevation:   Datum:   Data Collection Method:	ering oring on Well	
City, State ZIP Code:	ering oring on Well	
TNDEPENDENCE KANSAS 1.730   Data Collection Method:  3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL	ering oring on Well	
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL  N  WELL WAS USED AS:  1 Domestic 5 Public Water Supply 9 Dewater 2 Irrigation 6 Oil Field Water Supply 10 Monitor 3 Feedlot Domestic (Lawn & Garden 11 Injection 4 Industrial 8 Air Conditioning 12 Other  Was a chemical/bacteriological sample submitted to Department? Yes  S	oring on Well	
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:    N	oring on Well	
WELL'S STATIC WATER LEVEL	oring on Well	
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W SW SE	on Well	
Sw SE 4 Industrial 8 Air Conditioning 12 Other Was a chemical/bacteriological sample submitted to Department? Yes S		
Was a chemical/bacteriological sample submitted to Department? Yes_	_	
S	No No	
S	NO	
5 TYPE OF BLANK CASING USED:		
5 TYPE OF BLANK CASING USED:		
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)		
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile		
Blank casing diameter in. Was casing pulled? Yes No If yes, how much		
Blank casing diameter in. Was casing pulled? Yes No If yes, how much		
Casing height above or below land surface		
Grout Plug Intervals: From		
FROM TO PLUGGING MATERIALS FROM TO PLUGGING MATERIALS	FERIALS	
40' 10' CHIONINATED GRAVEL		
10' 8' CLAY (COMPACTED)		
8' 3' CEMENT GROUT		
3' SURFACE CHAY SOILS		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) under the business name of by (signature) 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.		