

**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: 33-34N-16E

33-34S-16E

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

SW SW NW

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

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

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

verification method: Written & legal descriptions, original construction record for this well, and Coffeyville West 1:24,000 topo. map.

initials: DRd date: 10/31/2005

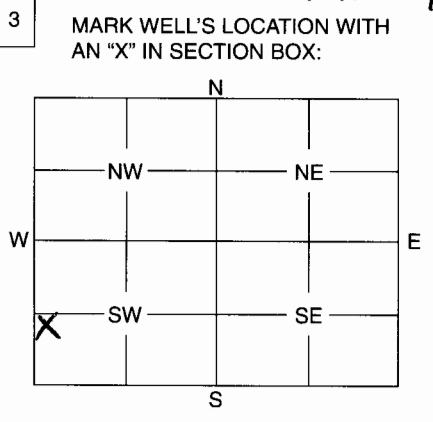
submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726

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

1 LOCATION OF WATER WELL:	Fraction <u>NW</u>	Section Number <u>33</u>	Township Number <u>34 N</u>	Range Number <u>K16</u>
County: <u>Montgomery Co.</u>	$\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$			(EN)

Distance and direction from nearest town or city street address of well if located within city?  
Inglewood 9 1st Coffeyville, KS.

2 WATER WELL OWNER: The Williams Co.  
 RR #, St. Address, Box #: Williams Cntr MD48-06 Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Tulsa, OK 74172 Application Number:



4 DEPTH OF WELL ..... 13.80 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... ft.  
 WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<u>10</u> Monitoring Well
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No .....  
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No .....

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter ..... in. Was casing pulled? Yes X No ..... If yes, how much A//  
 Casing height above or below land surface ..... in.

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

Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... 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	PLUGGING MATERIALS
<u>13.8</u>	<u>0</u>	<u>PORTLAND CEMENT</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/26/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 605 This Water Well Record was completed on (mo/day/year) ..... under the business name of McKee America Drilling by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ball point 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.