

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Finney	NW ¼ NW ¼ NE ¼	28	23	34 E/W

Distance and direction from nearest town or city street address of well if located within city? **Holcomb**
3 miles north & 3 1/2 miles west

2 WATER WELL OWNER:	Global Positioning System (decimal degrees, min. of 4 digits)
Water Well Owner: Garden City Co	Latitude: _____
RR#, St. Address, Box #: PO Box 597	Longitude: _____
City, State, ZIP Code: Garden City KS 67846	Elevation: _____
	Datum: _____
	Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <u>246</u> ft.
	WELL'S STATIC WATER LEVEL <u>121</u> ft. WELL WAS USED AS: <input checked="" type="radio"/> 1 Domestic <input type="radio"/> 5 Public Water Supply <input type="radio"/> 9 Dewatering <input type="radio"/> 2 Irrigation <input type="radio"/> 6 Oil Field Water Supply <input type="radio"/> 10 Monitoring <input type="radio"/> 3 Feedlot <input type="radio"/> 7 Domestic (Lawn & Garden) <input type="radio"/> 11 Injection Well <input type="radio"/> 4 Industrial <input type="radio"/> 8 Air Conditioning <input type="radio"/> 12 Other _____
	Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u>

5 TYPE OF BLANK CASING USED:	
<input checked="" type="radio"/> 1 Steel <input type="radio"/> 3 RMP (SR) <input type="radio"/> 5 Wrought <input type="radio"/> 7 Fiberglass <input type="radio"/> 9 Other (Specify below) _____ <input type="radio"/> 2 PVC <input type="radio"/> 4 ABS <input type="radio"/> 6 Asbestos-Cement <input type="radio"/> 8 Concrete Tile	
Blank casing diameter <u>5</u> in. Was casing pulled? Yes ___ No <u>X</u> If yes, how much _____	
Casing height above or below land surface <u>5</u> in.	

6 GROUT PLUG MATERIAL:	<input type="radio"/> 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other _____
Grout Plug Intervals: From <u>4</u> ft. to <u>246</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.	
What is the nearest source of possible contamination: None Observe	
<input type="radio"/> 1 Septic tank <input type="radio"/> 6 Seepage pit <input type="radio"/> 11 Fuel Storage <input type="radio"/> 16 Other (specify below) _____ <input type="radio"/> 2 Sewer lines <input type="radio"/> 7 Pit privy <input type="radio"/> 12 Fertilizer storage <input type="radio"/> 3 Watertight sewer lines <input type="radio"/> 8 Sewage lagoon <input type="radio"/> 13 Insecticide storage <input type="radio"/> 4 Lateral lines <input type="radio"/> 9 Feedyard <input type="radio"/> 14 Abandoned water well Direction from well? <input type="radio"/> 5 Cess pool <input type="radio"/> 10 Livestock pens <input type="radio"/> 15 Oil well/Gas well How many feet?	

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	Backfill			
4	246	Cement			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03/03/08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 145. This Water Well Record was completed on (mo/day/year) 06/26/08 under the business name of Henkle Drilling & Supply Co. Inc. by (signature) Bruce R. Henkle

INSTRUCTIONS: Please fill in blanks 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/waterwell>.