

21119

**1 LOCATION OF WATER WELL:** Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 07 Township Number 24 Range Number 33 E/W  
 County: Finney

Distance and direction from nearest town or city street address of well if located within city?

201 E. Jones Avenue  
Holcomb, KS 67851

**2 WATER WELL OWNER:**

City of Holcomb

RR#, St. Address, Box #:

PO Box 69

City, State, ZIP Code:

Holcomb, KS 67851

**Global Positioning System** (decimal degrees, min. of 4 digits)

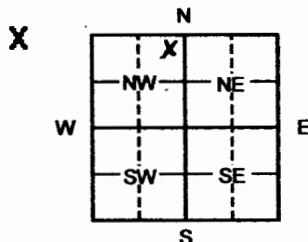
Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

Elevation: \_\_\_\_\_

Datum: \_\_\_\_\_

Data Collection Method: \_\_\_\_\_

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:****4 DEPTH OF WELL** 280 ft.

WELL'S STATIC WATER LEVEL 80 ft

WELL WAS USED AS:

1 Domestic

② Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn & Garden)

8 Air Conditioning

9 Dewatering

10 Monitoring

11 Injection Well

12 Other \_\_\_\_\_

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_ No X

**5 TYPE OF BLANK CASING USED:**

① 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 16 in. Was casing pulled? Yes \_\_\_ No \_\_\_ If yes, how much Casing perforated from 10' to 175'  
 Casing height above or below land surface 12 in.

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

Grout Plug Intervals: From 4 ft. to 175 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

Direction from well? WEST

5 Cess pool

10 Livestock pens

15 Oil well/Gas well

How many feet? 100

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	4	BACKFILL			
4	175	CEMENT			
175	280	GRAVEL			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 02/25/08 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) \_\_\_\_\_ under the business name of \_\_\_\_\_ by (signature) Bruce J. Reichert

**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>.