KSA 82a-1212

					r		T	
1	LOCAT	ION OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number	
Cou	unty:	ohn So	И	5E 1/4 SW 1/4 SW 1/4	23	12	22 E	
Distance and direction from nearest town or city street address of well if located within city?								
Horth of Desoto Ks.								
2	water wellowner: City 2 olathe							
_		Address, Box	#: : 🗸 🗘	the KS	Board of Agriculture, Application Number:	Division of Water Resources	S	
3		WELL'S LOCA	TION WITH	4 DEPTH OF WELL	55.75 ft			
الْـ		IN SECTION		1 1	WELL'S STATIC WATER LEVEL ft.			
	N W N E			WELL WAS USED AS:				
				1 Domestic	5 Public Water Supp	•	•	
				2 Irrigation 3 Feedlot	6 Oil Field Water Su7 Domestic (Lawn &	Garden) 11 Injection	ring Well on Well	
w					8 Air Conditioning	① Other	Piezometer	
	Was a chemical / bacteriological sample submitted to Department?Yes							
	If yes, mo/day/yr sample was submitted							
	X	s		Water Well Disinfected:	Yes No			
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 diameterin. Was casing pulled? Yes							
Casing height above or below land surface FWSh in.								
6								
Grout Plug Intervals: From 52 ft. to 3.5 ft., From ft. to ft., From ft., From to ft.								
What is the nearest source of possible contamination:								
1 Septic tank 2 Sewer lines				6 Seepage pit 11 Fuel storage 16 Other (specify below) 7 Pit privy 12 Fertilizer storage			•	
3 Watertight sewer lines			er lines	8 Sewage lagoon	13 Insecticide store	age		
4 Lateral lines 5 Cess Pool				9 Feedyard 10 Livestock pens	14 Abandoned wate 15 Oil well/Gas wel			
Direction from well?								
FROM TO PLUGGING MATERIALS								
_			7	<i>r</i> <u> </u>				
52 3.0 Bent.			Dent.	Grout				
7	CONT	PACTOR'S	OB LANDOW	NEDIS CERTIFICATION: Th	So water wall was plugge	ad under my juriediction	and was completed	
on (mo/day/year)								
water well Contractor's License No.							npleted on (mo/day/year)	
by (signature)								
IN	ISTRUC'	TIONS: Use	typewriter or	hall point pen. Please press f	firmly and print clearly. Ple	ase fill in blanks, underlin	ne or circle the correct	
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.								