

<b>1 LOCATION OF WATER WELL:</b> County: <u>Johnson</u>	Fraction <u>1/4 CE 1/4 NE 1/4</u>	Section Number <u>19</u>	Township Number <u>T 12 S</u>	Range Number <u>R 22</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E</span> <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 1 mile north and 1 1/2 miles west of De Soto</u>		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: <u>38.996777</u> Longitude: <u>-95.001652</u> Elevation: <u>unknown</u> Datum: <u>NAD 27</u> Data Collection Method: <u>WAAS GPS Unit</u>		
<b>2 WATER WELL OWNER:</b> <u>City of Olathe</u> RR#, St. Address, Box # : <u>P.O. Box 768</u> City, State, ZIP Code : <u>Olathe, KS 66051</u>				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W <span style="display: inline-block; border: 1px solid black; padding: 2px;">--NW--</span> <span style="display: inline-block; border: 1px solid black; padding: 2px;">--NE--X</span> E  <span style="display: inline-block; border: 1px solid black; padding: 2px;">--SW--</span> <span style="display: inline-block; border: 1px solid black; padding: 2px;">--SE--</span> S	<b>4 DEPTH OF COMPLETED WELL</b> <u>60</u> ft. Depth(s) Groundwater Encountered (1) <u>        </u> ft. (2) <u>        </u> ft. (3) <u>        </u> ft. WELL'S STATIC WATER LEVEL <u>21.44</u> ft. below land surface measured on mo/day/yr <u>2-1-06</u> Pump test data: Well water was <u>not checked</u> ft. after <u>        </u> hours pumping <u>        </u> gpm Est. Yield <u>unknown</u> gpm: Well water was <u>        </u> ft. after <u>        </u> hours pumping <u>        </u> gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">10</span> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes <u>        </u> No <input checked="" type="checkbox"/> If yes, mo/day/yr <u>        </u> Sample was submitted <u>        </u> Water well disinfected? Yes <u>        </u> No <input checked="" type="checkbox"/>
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<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 6 Asbestos-Cement <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span> PVC 4 ABS 7 Fiberglass	5 Wrought Iron 8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued <u>        </u> Clamped <u>        </u> Welded <u>        </u> Threaded <input checked="" type="checkbox"/>
Blank casing diameter <u>2</u> in. to <u>48</u> ft., Diameter <u>        </u> in. to <u>        </u> ft., Diameter <u>        </u> in. to <u>        </u> ft.	Casing height above land surface <u>24</u> in., weight <u>.70</u> lbs./ft. Wall thickness or gauge No. <u>.154</u>	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">7</span> PVC 9 ABS 11 Other (Specify) <u>        </u> 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">3</span> Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (Specify) <u>        </u>		
SCREEN-PERFORATED INTERVALS: From <u>48</u> ft. to <u>58</u> ft., From <u>        </u> ft. to <u>        </u> ft. From <u>        </u> ft. to <u>        </u> ft., From <u>        </u> ft. to <u>        </u> ft.		
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>60</u> ft., From <u>        </u> ft. to <u>        </u> ft. From <u>        </u> ft. to <u>        </u> ft., From <u>        </u> ft. to <u>        </u> ft.		

<b>6 GROUT MATERIAL:</b> 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other <u>        </u>	Bentonite Holeplug
Grout Intervals: From <u>        </u> ft. to <u>        </u> ft., From <u>        </u> ft. to <u>        </u> ft., From <u>0</u> ft. to <u>20</u> ft.	
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well <u>        </u> 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well <u>None known</u>	
Direction from well? <u>        </u>	How many feet? <u>        </u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Topsoil			
3	11	Clay, dark gray, soft			
11	31	Sand and gravel, fine to coarse			
31	37	Clay, dark gray			
37	46	Sand and gravel, fine to coarse			
46	50	Clay, gray, green			
50	57	Sand and gravel, coarse to fine with clay streaks			
57	60	Limestone, gray and white			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was (1) constructed (2) reconstructed (3) plugged under my jurisdiction and was completed on (mo/day/year) 2/1/06 and this record is true to the best of my knowledge and belief.  
 Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 2/9/06  
 Under the business name of Clarke Well & Equipment, Inc. by (signature) *David W. Clarke*

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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.