

<b>1 LOCATION OF WATER WELL:</b> County: Johnson	Fraction NW 1/4 NW 1/4 SE 1/4	Section Number 20	Township Number T 12 S	Range Number R 22 <b>E</b> W
Distance and direction from nearest town or city street address of well if located within city? Approximately 3/4 mile north and 1 mile west of De Soto		<b>Global Positioning Systems</b> (decimal degrees, min. of 4 digits) Latitude: 38.992887 Longitude: -94.991544 Elevation: unknown Datum: NAD 27 Data Collection Method: WAAS GPS Unit		
<b>2 WATER WELL OWNER:</b> City of Olathe RR#, St. Address, Box # : P.O. Box 768 City, State, ZIP Code : Olathe, KS 66051				

<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> N W <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 60px; height: 60px;"> <tr><td>--NW--</td><td>--NE--</td></tr> <tr><td>--SW--</td><td>--SE--</td></tr> <tr><td></td><td>X</td></tr> </table> E S	--NW--	--NE--	--SW--	--SE--		X	<b>4 DEPTH OF COMPLETED WELL</b> 60 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 27.7 ft. below land surface measured on mo/day/yr 2-3-06 Pump test data: Well water was not checked ft. after _____ hours pumping _____ gpm Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ 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) <b>10</b> Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr _____ Sample was submitted _____ Water well disinfected? Yes _____ No <input checked="" type="checkbox"/>
--NW--	--NE--						
--SW--	--SE--						
	X						

<b>5 TYPE OF CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile <b>2</b> PVC 4 ABS 7 Fiberglass 9 Other (specify below)	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <input checked="" type="checkbox"/>	
Blank casing diameter 2 in. to 48 ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface 24 in., weight .70 lbs./ft. Wall thickness or gauge No. 154		
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel 3 Stainless Steel 5 Fiberglass <b>7</b> PVC 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)		
<b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot <b>3</b> 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) _____		
<b>SCREEN-PERFORATED INTERVALS:</b> From 48 ft. to 58 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		
<b>GRAVEL PACK INTERVALS:</b> From 20 ft. to 62 ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		

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

Grout Intervals: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From 0 ft. to 20 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  
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well **None known**

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	15	Clay, gray			
15	23	Sand and gravel, fine to coarse			
23	29	Clay, dark gray			
29	58	Sand and gravel, fine to coarse			
58	62	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) 2-3-06 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) *Clarke Well & Equipment, Inc.*

**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.