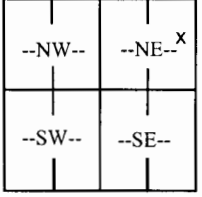


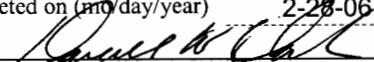
1 LOCATION OF WATER WELL: County: Johnson	Fraction SE 1/4 NE 1/4 NE 1/4	Section Number 19	Township Number T 12 S	Range Number R 22 E W
Distance and direction from nearest town or city street address of well if located within city? Approximately 1 mile north and 1 mile west of DeSoto		Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: 38.996683 Longitude: -95.001892 Elevation: unknown Datum: NAD 27 Data Collection Method: WAAS GPS Unit		
2 WATER WELL OWNER: City of Olathe RR#, St. Address, Box # : P.O. Box 768 City, State, ZIP Code : Olathe, KS 66051				

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  S	4 DEPTH OF COMPLETED WELL <u>60</u> ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL <u>28.72</u> ft. below land surface measured on <u>mo/day/yr</u> 2-16-06 Pump test data: Well water was <u>not checked</u> ft. after _____ hours pumping _____ gpm Est. Yield <u>unknown</u> 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) 10 Monitoring well Observation 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"/>
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 2 PVC 4 ABS 7 Fiberglass	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded <input checked="" type="checkbox"/>
Blank casing diameter <u>2</u> in. to <u>48</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ 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 7 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)	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 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) _____	
SCREEN-PERFORATED INTERVALS: From <u>48</u> ft. to <u>58</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>60</u> 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 <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 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	5	Topsoil			
5	11	Clay, dark brown			
11	17	Sand, very fine to coarse with gravel, fine			
17	24	Sand and gravel, fine to medium			
24	30	Clay, black, soft, silty			
30	42	Sand and gravel, fine to medium			
42	45	Clay, black, soft, silty			
45	56	Sand and gravel, fine to coarse with large rock streaks			
56	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) <u>2-16-06</u> and this record is true to the best of my knowledge and belief.	
Kansas Water Well Contractor's License No. <u>185</u>	This Water Well Record was completed on (mo/day/year) <u>2-28-06</u>
Under the business name of Clarke Well & Equipment, Inc.	by (signature) 

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.