

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Johnson	SE 1/4 NE 1/4 NE 1/4	19		T	12	S 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 1/2 miles west of DeSoto

2	WATER WELL OWNER: City of Olathe	RR#, St. Address, Box # P.O. Box 768	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code Olathe, KS 66051-0768		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 48 ft
		WELL'S STATIC WATER LEVEL Not checked ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other	
		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 <input checked="" type="checkbox"/> No	

5	TYPE OF BLANK CASING USED:
	1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
	Blank casing diameter 2 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or below land surface 120 in.

6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug
	Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From 0 ft. to 48 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 None known 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well
	Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
48	0	Bentonite Holeplug

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-08-06 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) 11-20-06 under the business name of Clarke Well & Equipment, Inc.
	by (signature) <i>[Signature]</i>

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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.