

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Johnson	NW 1/4 NW 1/4 SE 1/4	20	T 12 S	R 22 (E) W

Distance and direction from nearest town or city street address of well if located within city?

Approximately 3/4 mile north and 1/2 mile 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 47 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 Observation	
		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	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes No   
 Casing height above or below land surface 120 in. If yes, how much .....

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 47 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
47	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) *Clarke Well & Equipment*

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.