

| | | | | | | | |
|----------------------------------|-----------------------------|-----------|--------|----------|-----------|----------|--|
| 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**
 City, State, ZIP Code **Olathe, KS 66051-0768**
 Board of Agriculture, Division of Water Resources
 Application Number:

| | |
|---|-------------------------------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF WELL 46 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

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes 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 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 46 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 |
|------|----|--------------------|
| 46 | 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)

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.