

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 mile west of DeSoto

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

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL	62	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	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 <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 62 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	None known		
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage			
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
62	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.