

1	LOCATION OF WATER WELL: County: <u>Leavenworth</u>	Fraction <u>SE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>19</u>	Township Number <u>T 12 S</u>	Range Number <u>R 22</u>	Number <u>(E) W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 1 mile north and 1 1/2 mile west of DeSoto</u>																														
2	WATER WELL OWNER: <u>City of Olathe</u> RR#, St. Address, Box # <u>P.O. Box 768</u> City, State, ZIP Code <u>Olathe, KS 66051</u> Board of Agriculture, Division of Water Resources Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <div style="text-align: center;"> </div>		4 DEPTH OF WELL <u>60</u> ft. WELL'S STATIC WATER LEVEL <u>22.5</u> ft. WELL WAS USED AS: 1 Domestic                      5 Public Water Supply                      9 Dewatering 2 Irrigation                      6 Oil Field Water Supply                      10 <u>Monitoring Well</u> 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) <u>2 PVC</u> 4 ABS                      6 Asbestos-Cement                      8 Concrete Tile Blank casing diameter <u>10</u> in.      Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ Casing height above or <u>below</u> land surface <u>48</u> in.																													
6	GROUT PLUG MATERIAL: 1 Neat Cement      2 Cement grout      3 Bentonite <u>4 Other</u> <u>Bentonite Holeplug</u> Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From <u>29</u> ft. to <u>4</u> ft. What is the nearest source of possible contamination: 1 Septic tank                      6 Seepage pit                      11 Fuel storage <u>16 Other (specify below)</u> 2 Sewer lines                      7 Pit privy                      12 Fertilizer storage 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? _____																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">29</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">29</td> <td style="text-align: center;">4</td> <td>Bentonite Holeplug</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>							FROM	TO	PLUGGING MATERIALS	60	29	Chlorinated Sand	29	4	Bentonite Holeplug	4	0	Compacted Soil												
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12-29-06</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>01-03-07</u> under the business name of <u>Clarke Well &amp; Equipment, Inc.</u> 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.																														