	334 8554			WATER WELL PLUGGING RECORD				D Form WWC-5P KSA82a-1212				ID NO. TW12-OB2N				
	LOCATION OF WATER WELL:			Fraction			Section Number			Town	Township Number		Range Number		Number	
	unty:		415	444	CS 1/4	NIM 40		2	4		10	S	R	22	(E) w	
L		Leaven	worτη m nearest towi	1				2′ ithin cit	-	<u> </u>	12				$\overline{}$	
l				•					<b>.</b>							
$\overline{}$	Approximately 3/4 mile north and 3/4 mile west of DeSoto  2 WATER WELL OWNER: City of Olotho															
	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	3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 70 ft															
w	N	W	NE	WELL'S STATIC WATER LEVEL 31 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 Observat  Was a chemical / bacteriological sample submitted to Department?Yes No  If yes, mo/day/yr sample was submitted										,		
		S		Wate	er Well Dis	sinfected	Yes	<b>/</b>	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 V If yes, how much  Casing height above or below land surface 48 in.															
6															]	
Ш	Grout Plug Intervals: From ft. to ft., From ft. to ft. From 70 ft. to 4 ft.														4 ft.	
What is the nearest source of possible contamination:																
		ptic tank		, <del>.</del> .			11 Fuel storage					16 Other (specify below)				
		wer lines		7 Pit privy			12 Fertilizer storage					None known				
		itertight sewei	rlines	8 Sewage lagoon			13 Insecticide storage  14 Abandoned water well									
		eral lines ss Pool	4	9 Feedyard			15 Oil we									
		tion from we			-	How many		,,,, Ouo •								
F	ROM	то	F	LUGGING	MATERIAL	.S			·							
	70	4	Bentonite	Holeplug												
	4	0	Compacte													
	•		Compaci	<del></del>												
				***												
7			OR LANDO			ATION:	l This wat	er well	was plugge	ed under	my jur	isdiction a	nd v	was com	pleted	
H		o/day/year) r Well Contr	actor's Licen	03-19-0	)7 185	a	and this r		is true to the							
		ir vveii Contr 03-23-07				f  Clark	e Well		is water we ipment, Inc			completed				
		gnature)	1/200	1/1	Unk	//										
IN			typewriter or	ball point		ase press									the correct	

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.