

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: Leavenworth		NE 1/4 NW 1/4 SW 1/4	21		T	12	S	R 22 <b>E</b> W

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

Approximately 3/4 mile north and 3/4 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	70	ft		
		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		<b>12 Other</b> 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) <b>2 PVC</b> 4 ABS      6 Asbestos-Cement      8 Concrete Tile				
Blank casing diameter				2 in.
Casing height above or <b>below</b> land surface				48 in.
Was casing pulled? Yes _____ No <input checked="" type="checkbox"/>				
If yes, how much _____				

6	GROUT PLUG MATERIAL:	1 Neat Cement	2 Cement grout	3 Bentonite	<b>4 Other</b> Bentonite Holeplug
Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From 70 ft. to 4 ft.					
What is the nearest source of possible contamination:					
1 Septic tank      6 Seepage pit      11 Fuel storage <b>16 Other (specify below)</b> 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					
None known					
Direction from well? _____ How many feet? _____					

FROM	TO	PLUGGING MATERIALS
70	4	Bentonite Holeplug
4	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 03-19-07 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) 03-23-07 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.