

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
								(E) 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 71 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	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 16 in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____
	Casing height above or below land surface 48 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 30 ft. to 4 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
71	30	Gravel Pack (Larned)
30	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.