

1	LOCATION OF WATER WELL: County: <b>Leavenworth</b>	Fraction <b>SW 1/4 NE 1/4 NW 1/4</b>	Section Number <b>27</b>	Township Number <b>T 12 S</b>	Range <b>R 22</b>	Number <b>(E) W</b>																											
Distance and direction from nearest town or city street address of well if located within city? <b>Approximately 1/8 mile north and 1/4 mile east of DeSoto</b>																																	
2	WATER WELL OWNER: <b>City of Olathe</b> RR#, St. Address, Box # <b>P.O. Box 768</b> City, State, ZIP Code <b>Olathe, KS 66051-0768</b> 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 <b>57</b> ft  WELL'S STATIC WATER LEVEL <b>30</b> 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 <b>2</b> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> Casing height above or <b>below</b> land surface <b>48</b> in. If yes, how much _____																																
6	GROUT PLUG MATERIAL: 1 Neat Cement                      2 Cement grout                      3 Bentonite <b>4 Other</b> <b>Bentonite Holeplug</b> Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From <b>57</b> ft. to <b>4</b> 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 Direction from well? _____ How many feet? _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">57</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> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	57	4	Bentonite Holeplug	4	0	Compacted Soil																		
FROM	TO	PLUGGING MATERIALS																															
57	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) <b>03-20-07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>185</b> This Water Well Record was completed on (mo/day/year) <b>03-23-07</b> under the business name of <b>Clarke Well Equipment, Inc.</b> by (signature) <i>[Signature]</i>																																
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.																																	