	356	8906		WATER WELL PLUGGING RECORD				D Form WWC-5P KSA82a-1212				ID NO. OB23-2E			-2E
	LOCAT	TION OF WAT	TER WELL:		Fraction		- [Section	Number	Т	ownship	Number	\top	Range	Number
Col	unty:	Loave	arth	NE	E 1/4 NW	4/4 NE			07	T	·	_	R		(E) w
			nworth om nearest towr						city?		12		IN	22	
Approximately 1/4 mile north and 1/4 mile east of DeSoto															
2	WATER WELL OWNER: City of Olathe														
		RR#, St. Address, Box # P.O. Box 768 Board of Agriculture, Division of Water Resources City, State, ZIP Code Olathe, KS 66051-0768 Application Number:													
3		WELL'S LOC	CATION WITH N BOX:	4		OF WELL									
		N_			WELL'S	STATIC WA	ATER LEV	/EL	18 ft.						
			x		WELL W	VAS USED A	AS:								
	N	\	N E		1 Domes	stic		5 Public	Water Suppl	ly		9 Dewat	tering		
	"	, ,			2 Irrigation 3 Feedlot			6 Oil Field Water Supply7 Domestic (Lawn & Garden)				10 Monit	oring	Well	
w				Е								11 Injection Well			
					4 Indust	rial		8 Air Co	onditioning		(12 Other	\geq	Observa	ation
S E —— S W ——— S E —— Was a chemical / bacteriological sample submitted to								ted to	Departme	ent?Yes		No	√		
				'	If yes, mo/	day/yr sar	mple wa		nitted						
	S Water Well Disinfected: Yes								No						
5	TYPE (OF BLANK C	ASING USED:												
Ш	1 :	Steel	3 RMP (SF	R)	5 Wrough	nt		7 Fib	erglass		9 Oth	ner (Specify	y belo	w)	
	2	2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile													
	Blank casing diameter 2 in. Was casing pulled? Yes V No If yes, h Casing height above or below land surface in.									es, how n	nuch	4	6'		
					land surfa	ice			in.						
6			TERIAL: 1 I												
		Plug Interva					_ ft., F	-rom	ft.	to	ft.	From	20	ft. to	0 ft.
		s the neares	st source of po			tion:	11 Eu	el storag	•			16 Other (s	- naoif	- halow)	_
		wer lines		7 Pit p	epage pit privv			erstorag ertilizer st				16 Other (specin	y Delow)	
		atertight sewe			wage lagoon				storage		Nor	ne known	ì		
		teral lines			wage lagoon edyard				d water well						
		ss Pool			estock pens			well/Gas							
	Direct	tion from we					any feet	?							
F	ROM	ТО	Р	LUGG	SING MATER	RIALS									
	56	20	Chlorinate	ed Sa	ınd										
20		0	Bentonite	Hole	plug										
					-	m v n		1							
								1							
								1							
7	CONT	FRACTOR'	'S OR LANDO	WNEI	R'S CERTII	FICATION									
		o/day/year) r Well Cont	tractor's Licens		-09-07 . 185		and the		d is true to th his Water W		-	_			
		10-15-07			siness name	e of Cla	rke We		uipment, Ir		CUIU was	complete	a on	(Moruay)	/year)
	h/ai		VI . a	/ /	-01				alpinoni, ii						

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.