

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Leavenworth</u>	<u>NW 1/4 NW 1/4 NE 1/4</u>	<u>27</u>	<u>T 12 S</u>	<u>R 22</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>Approximately 1/2 mile east and 1/2 mile north of DeSoto</u>																																
2	WATER WELL OWNER: <u>City of Olathe</u> <u>100 E. Santa Fe</u> RR#, St. Address, Box # <u>P.O. Box 768</u> City, State, ZIP Code <u>Olathe, KS 66051-0768</u>																															
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 <u>58</u> ft. WELL'S STATIC WATER LEVEL <u>17.8</u> ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other <u>Observation</u> </div> </div> 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 _____ No <input checked="" type="checkbox"/>																															
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel <u>2 PVC</u> Blank casing diameter <u>2</u> in. Casing height above or <u>below</u> land surface </div> <div> 3 RMP (SR) 4 ABS Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____ </div> <div> 5 Wrought 6 Asbestos-Cement land surface <u>48</u> in. </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) _____ </div> </div>																															
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite <u>4 Other</u> <u>Bentonite Holeplug</u> Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From <u>58</u> ft. to <u>4</u> ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> <u>16 Other (specify below)</u> <u>None known</u> </div> </div> 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;">58</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	58	4	Bentonite Holeplug	4	0	Compacted Soil																		
FROM	TO	PLUGGING MATERIALS																														
58	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) <u>12-05-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/year) <u>12-06-07</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u><i>Charles W. Clarke</i></u>																															
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.																																