| WATER WELL PLUGGING REC | ORD Form WW | 'C-5P KSA 8 | 2a-1212 ID NO. | MW19 |
|---|-------------------------------|--|--|---|
| 1 LOCATION OF WATER WELL: Frac | tion 4 SE 4 NW 4 NE | Section Number | Township Number T 13 S | Range Number |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here 325 feet east and no feet south of the intersection of E. Loula St And S. Blake St. Olathe, KS WATER WELL OWNER: City of Olathe, KS RR#, St. Address, Box #: 1385 S. Robinson Or. Global Positioning Systems (GPS) information: Latitude: 38.3803 f (in decimal degrees) Longitude: 77.804258 (in decimal degrees) Elevation: Datum: WGS84, NAD27 Collection Method: GPS unit (Make/Model: Digital Map/Photo, Digital Map/Photo, Digital Map/Photo, Land Survey) | | | | |
| City, State ZIP Code: OlAthe, KS 66061 Est. Accuracy: \square < 3 m, \square 3-5 m, \square 5-15 m, \square > 15 m | | | | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 5. 4 WELL WAS USED AS: Domestic Irrigation Oil Field Water Supply Oil Field Water Supply Domestic (Lawn & Garden) Injection Well Industrial Air Conditioning Was a chemical/bacteriological sample submitted to Department? Yes No | | | | |
| 5 TYPE OF BLANK CASING USED: | | | | |
| Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS In. Was casing pulled? Yes No If yes, how much Casing height above or pelow and surface in. | | | | |
| 6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Grout Plug Intervals: From 3 ft. to 13.5 ft., From ft. to ft., From ft. to ft. | | | | |
| What is the nearest source of possible contamination: Septic tank Sewer lines Watertight sewer lines Lateral lines Cess pool Sewage lagoon Livestock pens Sewage lagoon Cess pool Cess pool Cess pool Seepage pit Fuel storage Fuel storage Fuel storage Fuel storage Feetilizer storage Insecticide storage Abandoned water well Oil well/Gas well Oil well/Gas well How many feet? | | | | |
| | MATERIALS | FROM TO | PLUGGING I | MATERIALS |
| 7 CONTRACTOR'S OR LANDOWNER's completed on (mo/day/year) 12/30/13 Well Contractor's License No. 9/16 business name of Jeensen Carsul | S CERTIFICATION and this reco | : This water well was cord was completed of by (signature) | of my knowledge and n (mo/dey/year) | y jurisdiction and was belief. Kansas Water under the |
| INSTRUCTIONS: Use typewriter or ballpoint 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 and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | |