

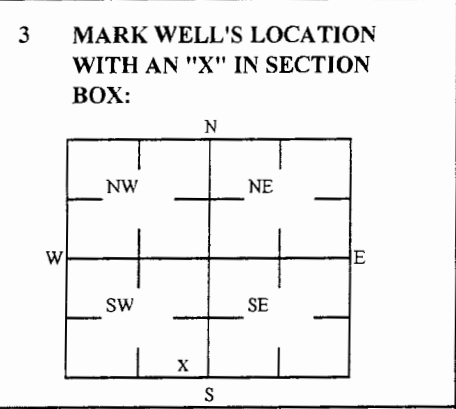
1 LOCATION OF WATER WELL: County: Wyandotte Fraction SE ¼ SE ¼ SE ¼ SW ¼ Section Number 17 Township Number T 11 S Range Number 23 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

13010 Kansas Ave., Bonner Springs, KS

Global Positioning Systems (GPS) information:
Latitude: NA (in decimal degrees)
Longitude: NA (in decimal degrees)
Elevation: NA
Horizontal Datum WGS84, NAD83, NAD27
Collection Method:
 GPS unit (Make/model: _____)
 Digital Map/Photo, Topographic Map Land Survey
Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: Triple Net Association
RR#, St. Address, Box #: 210 W. 5th St. #409
City, State ZIP Code: Kansas City, MO 64105



4 DEPTH OF WELL 14.4 ft. MW14
WELL'S STATIC WATER LEVEL _____ ft
WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specific below)
 PVC ABS Asbestos-Cement Concrete Tile
Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 3'
Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Concrete: 0-0.5'; Soil: 0.5-3'
Grout Plug Intervals: From 3 ft to 14.4 ft, From _____ ft to _____ ft, From _____ ft to _____ ft.
What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage _____
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feed yard Abandoned water well Direction from well? _____
 Cess pool Livestock pens Oil well/Gas well How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	0.5	Concrete			
0.5	3	Soil			
3	14.4	Bentonite			
			KDHE ID:		Shop N Go: U4-105-00777

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/27/16 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/8/16 under the business name of Larsen & Associates, Inc. By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. #20, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your files.
Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.