

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Shawnee</b>	<b>NE ¼ NE ¼ SE ¼</b>	<b>13</b>	<b>12</b>	<b>15-East</b>

Distance and direction from nearest town or city street address of well if located within city?

**330, Topeka Blvd, Topeka Kansas**

2 WATER WELL OWNER: <b>Bellaire Shopping Center</b>	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # <b>534 S Kansas Avenue Suite 925</b>	
City, State, ZIP Code : <b>Topeka, KS 66603</b>	

3 MARK WELL'S LOCATOR WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL <b>15.0</b> ft.											
	WELL'S STATIC WATER LEVEL <b>8.50</b> ft.											
	WELL WAS USED AS:											
	<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b>												
If yes, mo/day/yr sample was submitted _____												
Water Well Disinfected: Yes _____ No <b>X</b>												

5 TYPE OF BLANK CASING USED:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABC</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABC	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <b>2.375</b> in. Was casing pulled? Yes <b>X</b> No _____ If yes, how much? <b>3'</b>										
Casing height above or below land surface <b>Unknown</b> in. <b>Overdrilled well to 3"</b>										

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other <b>Asphalt</b>																				
Grout Plug Intervals	From <b>15.0</b> ft. to <b>3.0</b> ft.	From <b>3.0</b> ft. to <b>1.0</b> ft.	From <b>1.0</b> ft. to <b>0.0</b> ft.																					
What is the nearest source of possible contamination:																								
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Direction from well? <b>N/A</b>		How many feet? <b>0</b>																						

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Asphalt
1.0	3.0		Soils
3.0	15.0		Bentonite chips

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>04/23/08</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>692</b> This Water Well Record was completed on (mo/day/yr) <b>05/05.08</b> under the business name of <b>Quad State Services, Inc.</b> by (signature) <i>[Signature]</i>
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.