	WATER WELL R			WWC-5	Divi	sion of Water			MW3	
Ocupy: SHANNEE   New Note   New				ge in Well Use				Well ID		
Street or Rural Address where well is located (if utaknown, distance and dereion from nearest town or intersection): If at owner's address, check here.			L:							
Basinese AJKC LLC   Address: 1611 SE 28TH ST.   Address:										
Address: 1611 SE 29TH ST. Address: 1611 SE 29TH ST. Address: 1611 SE 29TH ST. Address: 20TP COPEKA  3 LOCATE WELL WORTH WELL WORTH WELL WORTH WELL WORTH WELL WORTH WELL WELL'S STATIC WATER LEVEL:	2 WELL OWNER: La	ıst Name: QUF	RESHI							
Address: City: TOPEKA State: KS ZIP: 66502  3 LOCATE WELL WITH **Y IN SECTION BOX:  A DEPTH OF COMPLETED WELL: STATIC WATER LEVEL:  B below land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  C SELL WATER TOB E USED AS:  B can be low land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  B can be low land surface, measured on (mo-day-yr), 2719.79.  C SELL WATER LEVEL:  B can be low land surface, measured on (mo-day-yr), 2719.79.  C Sell Water Supply: lease   C Sell-Water Su					direction from n	earest town or in	tersection): If at owne	r's address,	check here:	
Succase   Succession   Succes										
3 LOCATE WELL WITH **CITY N SECTION BOX:   New Location   1			State: KS	ZIP: 66502						
Depth(s) Groundwater Encountered: 1)   18		4 DEDCH	OF COL		20 4	· · ·	39.0148	13	<i>(</i> 1.	
2						5 Latitud	e: 05.656		.(decimal degrees)	
WELL'S STATIC WATER LEVEL   19.493	1					Longitu	ide: WGS 8	4 □ NAD	.(decimal degrees)	
New	1								65 LI NAD 27	
Above land surface, measured on (mo-day-yy-)   (WAAS enabled? □ yes □ No)	X	below la	and surface	, measured on (mo-day-	yr)7/10/18	☐ GPS (unit make/model:)				
after	NW NE									
Secretary   Secr										
after	W	after				☐ Online Mapper:				
Stimated Vicid:	SW SE	after					1000 50			
S					БР	6 Elevation: 1030.53ft. ☐ Ground Level ■ TOC				
Townstic:   Domestic:   Dome	1				ft. and	Source: Land Survey GPS Topographic Map				
Domestic		L		in. to	ft.		☐ Other			
Household   G.   Dewatering: how many wells?   11. Test Hole: Well ID   Cased   Uneased   Geotechnical   Livestock   8.   Monitoring: well ID   WW3   12. Geothermal: how many bores?   3.   Feedlor   Gased   Horizontal   Vertical   Vertical   Geothermal: how many bores?   3.   Closed Loop   Horizontal   Vertical   Vertical   Geothermal: how many bores?   3.   Closed Loop   Horizontal   Vertical   Vertical   Geothermal: how many bores?   3.   Closed Loop   Horizontal   Vertical   Vertical   Older (specify)   Was a chemical/bacteriological sample submitted to KDHE?   Ves   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   Kother?   Ves   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Mall disinfected?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   If yes, date sample was submitted:   Mall disinfected?   Claim and surface   No   If yes, date sample was submitted:   No   If yes, date sample was submitted:   Mall disinfected?   Yes   No   If yes, date sample was submitted:   No   If yes, date sample was submitted:   No   If yes, date sample was submitted:   Mall disinfected?   Yes   No   If yes, date sample was submitted:	1					_				
Lawn & Garden										
2.   Irrigation   9. Environmental Remediation: well ID   a) closed Loop   Horizontal   Vertical   4.   Industrial   Recovery   Injection   13.   Other (specify):	. —	6. 🗆	Dewaterin	ng: how many wells?	•••••					
2.   Irrigation   9. Environmental Remediation: well ID   a) closed Loop   Horizontal   Vertical   4.   Industrial   Recovery   Injection   13.   Other (specify):		ivestock 8 Monitoring: well ID N								
3.   Feedlot     Air Sparge   Soil Vapor Extraction   b) Open Loop   Surface Discharge   Inj. of Water   A   Industrial   Recovery   Injection   b) Open Loop   Surface Discharge   Inj. of Water   Water well distinfected?   Yes   No   If yes, date sample was submitted:   Water well distinfected?   Yes   No   If yes, date sample was submitted:   Water well distinfected?   Yes   No   If yes, date sample was submitted:   Water well distinfected?   Yes   No   If yes, date sample was submitted:   Water well distinfected?   Yes   No   If yes, date sample was submitted:   Series   Stroke   Stroke   PVC   Other   CASING JOINTS:   Glued   Clamped   Welded   Threaded   Threaded   Casing diameter   Zein   No   Interest   No   Interest   Interest   No   Interest   Intere	_	9. Er	vironment	al Remediation: well ID	)					
A										
Water well disinfected?   Yes   No	4. Industrial		Recovery	☐ Injection						
Water well disinfected?   Yes   No	Was a chemical/bacter	iological san	aple subn	aitted to KDHE?	Yes No	If yes, date s	ample was submitte	ed:		
Stype of Casing dismeter   2										
Casing diameter	8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
TYPE OF SCREEN OR PERFORATION MATERIAL:    Steel	Casing diameter									
Steel   Stainless Steel   Fiberglass   PVC   Other (Specify)										
Brass   Galvanized Steel   Concrete tile   None used (open hole)   SCREEN OR PERFORATION OPENINGS ARE:   Continuous Slot   Mill Slot   Gauze Wrapped   Torch Cut   Drilled Holes   Other (Specify)   Continuous Slot   Mill Slot   Gauze Wrapped   Saw Cut   None (Open Hole)   SCREEN-PERFORATED INTERVALS: From 10   ft. to 20   ft. From   ft. to   ft. From   ft. Torch   f										
SCREEN OR PERFORATION OPENINGS ARE:										
Continuous Slot										
Louvered Shutter   Key Punched   Wire Wrapped   Saw Cut   None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft., From ft. to ft. GRAVEL PACK INTERVALS: From 8 ft. to 20 ft., From ft. to ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 8 ft. to 20 ft., From ft. to ft.	Louvered Shutter	☐ Key Punch	ned 🔲 W	Vire Wrapped Sa	w Cut	one (Open Hol	e)			
GRAVEL PACK INTERVALS: From 8 ft. to 20 ft., From ft. to ft. From ft. to ft.  9 GROUT MATERIAL:   Neat cement   Cement grout   Bentonite   Other Concrete Surface Completion 0 - 1 Grout Intervals: From 0 ft. to 1 ft., From 1 ft. to 6 ft., From 6 ft. to 8 ft.  Nearest source of possible contamination:   Septic Tank	SCREEN-PERFORATE	ED INTERVA	ALS: From	n .10 ft. to .20	ft., From	ft. to .	ft., From	ft. to	o ft.	
Notes:   N	GRAVEL PACK INTERVALS: From									
Notes:   N	9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete Surface Completion 0-1									
Septic Tank	Grout Intervals: From	ft. to	!	ft., From1	ft. to	ft., From		ft.		
Sewer Lines				an Dia Daire.		Charata ala Dana	□ I	-: 4 - 04	_	
Watertight Sewer Lines										
Other (Specify) Direction from well?  Distance from well?  10 FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS  O .5 CONCRETE  .5 20 SILTY CLAY  Notes:  11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18						Fertilizer Stora				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18	☐ Other (Specify)	· · · · · · · · · · · · · · · · · · ·		- 						
Notes:    11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18										
Notes:    Notes:   N				GIC LOG	FROM	TO L	ITHO. LOG (cont.) o	r PLUGGI	IG INTERVALS	
Notes:    Notes:   No										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18	.5 20 8	OIL I Y CLAY								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18					-					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18					-					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6/12/18					Neter					
under my jurisdiction and was completed on (mo-day-year) 6/12/18					- rotes:					
under my jurisdiction and was completed on (mo-day-year) 6/12/18					$\dashv$					
under my jurisdiction and was completed on (mo-day-year) 6/12/18	11 CONTRACTOR'S	OR LAND	WNED,	SCERTIFICATION	V: This water	well was	constructed   rec	onstructed	or nlugged	
under the business name of ASSOCIATED ENVIRONMENTAL INC. Signature  Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burder of Water, GWTS Section,  1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.	under my jurisdiction ar	nd was compl	leted on (r	no-day-year) 6/12/18	3 and	this record is	true to the best of	y knowle	dge and belief.	
under the business name of ASSOCIATED ENVIRONMENTAL INC. Signature  Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Burder of Water, GWTS Section,  1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.	Kansas Water Well Con	tractor's Lice	ense No.	585 This Wa	ter Well Rec	ord was comp	oleted op mo-day	ear 7.13.1	/18	
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.	under the business name	e of ASSOC	SIA LED E	:NYIKONMENIALI	N.CSig	gnature	[ ] Joon of	4/grus	·····	
TENT TO THE PROPERTY OF THE PR							for your records. Telep			

