	ER WELL]		WWC-5		ision of Water				
	inal Record [e in Well Use	Resc	ources App. N		Well ID		
		WATER WELL:	Fraction	Sec	tion Number	Township Number	Range Number		
County: Johnson SW¼ SE¼ SE¼ SE¼ 13 T 14 S							R 24 ■ E 🗆 W		
2 WELL OWNER: Last Name: Ahab Haleem First: Abdul Street or Rural Address where well is located (if unknown, distance and									
Business: direction from nearest town or intersection): If at owner's address, check here:									
Addre	Address: 16680 Antioch Rd								
Address: 15528 Grandview St Overland Park KS 66085									
City: Overland Park State, NO 211, 00221									
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 372ft. 5 Latitude: 38.8261 (decimal de							(desired deserte)		
WITH "X" IN CONTRELETED WELL: STATE STATEMENT OF CONTRELETED WELL: STATEMENT OF CONTRELETED WEIGHT OF CONT							(decimal degrees)		
SECT	SECTION BOX: Depth(s) Groundwater Encountered: 1)					Longitude: -94.6877 (decimal degrees) Horizontal Datum: ■ WGS 84 □ NAD 83 □ NAD 27			
	2)						□ NAD 83 □ NAD 27		
	below land surface, measured on (mo-day-yr)					for Latitude/Longitude:	<u>, :</u>		
'						7			
NW	above land surface, measured on (mo-day-yr) Pump test data: Well water was					(***==== /			
w						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
"	Well water was ft					nine Mapper:	•••••		
sw	SE	after hours pumping gpm				4000			
	I K	Estimated Yield: onm			6 Elevation: 1032ft. Ground Level TOC				
<u> </u>	S	Estimated Yield:gpm Bore Hole Diameter: .5.625 in. to372 ft. and			Source: Land Survey GPS Topographic Map				
	-1 mile	Bote Hote Blameter	in. to						
The state of the s									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
i									
. —	☐ Household 6. ☐ Dewatering: how many wells?								
1									
2. ☐ Irrigation 9. Environmental Remediation: well ID									
		☐ Air Spargo☐ Recovery		Extraction					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:									
		l? □ Yes □ No							
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ■ Other H.D.P.E CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded									
Casing diameter 1 in to 372 ft Diameter in to ft Diameter in to ft									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ 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)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From 0 ft. to 372 ft., From ft. to ft., From ft. to ft.									
Nearest source of possible contamination:									
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well									
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify)									
Direction from well?									
10 EDO	TO TO						TICODIC DIMESTIC		
10 FRO		LITHOLOG		FROM		LITHO, LOG (cont.) or PI	LUGGING INTERVALS		
0	13		11-157 SHALE			IME			
13	15		57-161 LIME			SHALE			
15	25		61-203 SHALE	280	290 L	IME			
25	33	SHALE 2	203-205 LIME	290		SHALE	· · · · ·		
33	53		205-216 SHALE	296		SAND			
53	54		216-236 LIME	306		SHALE			
54	96		236-238 SHALE	Notes:	U12 13	/			
96	101			- indies:					
			238-268 LIME	4					
101 111 LIME 268-271 SHALE									
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) .04/16/2020 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 953									
under th	e business nar	ne of Ailen's Holdings	o. Invesiments doa .	בְּבְּ <u>הְSi</u>	gnature	VIVA W	CATAGO		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau 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.									
Visit us at	: http://www.kdhe	ks.gov/waterwell/index.html		KSA 82a-12	.12		Revised 7/10/2015		