

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
		NW ¼ SE ¼ SE ¼	9	T 13 S R 24 E	
County: Johnson					
Distance and direction from nearest town or city street address of well if located within city? 10800 Pflumm Rd, Lenexa KS					
2 WATER WELL OWNER: BE Aerospace			Global Positioning System (decimal degrees, min. of 4 digits)		
RR#, St. Address, Box # : 10800 Pflumm Rd			Latitude: N		
City, State, ZIP Code : Lenexa KS			Longitude: W		
			Elevation: _____		
			Datum: _____		
			Data Collection Method: legal survey		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>22</u> ft.			
		Depth(s) Groundwater Encountered IW44 ft.			
		Well's Static Water Level NA ft. below land surface measured on mo/day/yr NA			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm; Well water was _____ ft. after _____ hours pumping _____ gpm			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) ⑩ Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yrs Sample was submitted _____ Water Well Disinfected? Yes _____ No X					
5 TYPE OF CASING USED:					
Blank casing diameter 2 in. to 17 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height below land surface _____ ft., Weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
SCREEN OR PERFORATION OPENINGS ARE:					
GRAVEL PACK INTERVALS:					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS					
Flushmount waiver from BOW					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:					
INSTRUCTIONS:					

This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **5/9/11** and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **757**. This Water Well Record was completed on (mo/day/year) **5/13/11**.

under the business name of **Larsen & Associates, Inc.** by (signature) _____

Please fill in blanks 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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.