

## Form WWC-5

Division of Water Resources; App. No.

|                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                |                                                                                             |  |                 |  |              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|---------------------------------------------------------------------------------------------|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                         |  | Fraction       | Section Number                                                                              |  | Township Number |  | Range Number |  |
| County: Johnson                                                                                                                                                                                                                                                                                                                                                                                                   |  | NW ¼ SE ¼ SE ¼ | 9                                                                                           |  | T 13 S          |  | R 24 E       |  |
| Distance and direction from nearest town or city street address of well if located within city? 109th & Pflumm Rd, Lenexa KS                                                                                                                                                                                                                                                                                      |  |                | Global Positioning System (decimal degrees, min. of 4 digits)                               |  |                 |  |              |  |
| 2 WATER WELL OWNER: BE Aerospace<br>RR#, St. Address, Box # : 10800 Pflumm Rd<br>City, State, ZIP Code : Lenexa KS                                                                                                                                                                                                                                                                                                |  |                | Latitude: NA                                                                                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                | Longitude: NA                                                                               |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                | Elevation: NA                                                                               |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                | Datum: NA                                                                                   |  |                 |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                              |  |                | Data Collection Method: NA                                                                  |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                |                                                                                             |  |                 |  |              |  |
| <div>W</div> <div>N</div> <div>SW</div> <div>SE</div> <div>S</div> <div>E</div> <div>X</div>                                                                                                                                                                                                                                                                                                                      |  |                | 4 DEPTH OF COMPLETED WELL 22 ft.                                                            |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                | MW70                                                                                        |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                | Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 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/yr |  |                 |  |              |  |
| Sample was submitted Water Well Disinfected? Yes No X                                                                                                                                                                                                                                                                                                                                                             |  |                |                                                                                             |  |                 |  |              |  |
| 5 TYPE OF CASING USED:                                                                                                                                                                                                                                                                                                                                                                                            |  |                |                                                                                             |  |                 |  |              |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                                                                                                                               |  |                |                                                                                             |  |                 |  |              |  |
| 2 PVC 4 ABS 7 Fiberglass Threaded X                                                                                                                                                                                                                                                                                                                                                                               |  |                |                                                                                             |  |                 |  |              |  |
| Blank casing diameter 2 in. to 12 ft., Dia in. to ft., Dia in. to ft.                                                                                                                                                                                                                                                                                                                                             |  |                |                                                                                             |  |                 |  |              |  |
| Casing height below land surface NA ft., Weight lbs./ft. Wall thickness or gauge No.                                                                                                                                                                                                                                                                                                                              |  |                |                                                                                             |  |                 |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                           |  |                |                                                                                             |  |                 |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)                                                                                                                                                                                                                                                                                                                                             |  |                |                                                                                             |  |                 |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)                                                                                                                                                                                                                                                                                                                  |  |                |                                                                                             |  |                 |  |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                               |  |                |                                                                                             |  |                 |  |              |  |
| 1 Continuous slot 3 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)                                                                                                                                                                                                                                                                                                                     |  |                |                                                                                             |  |                 |  |              |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)                                                                                                                                                                                                                                                                                                                                      |  |                |                                                                                             |  |                 |  |              |  |
| SCREEN-PERFORATED INTERVALS: From 12 ft. to 22 ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                                |  |                |                                                                                             |  |                 |  |              |  |
| GRAVEL PACK INTERVALS: From 10 ft. to 22 ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                                      |  |                |                                                                                             |  |                 |  |              |  |
| From ft. to ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                                                                   |  |                |                                                                                             |  |                 |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Concrete: 0-9.5 ft                                                                                                                                                                                                                                                                                                                             |  |                |                                                                                             |  |                 |  |              |  |
| Grout Intervals From 9.5 ft. to 10 ft. From ft. to ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                            |  |                |                                                                                             |  |                 |  |              |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                             |  |                |                                                                                             |  |                 |  |              |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)                                                                                                                                                                                                                                                                                                       |  |                |                                                                                             |  |                 |  |              |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                 |  |                |                                                                                             |  |                 |  |              |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well NA                                                                                                                                                                                                                                                                                                                  |  |                |                                                                                             |  |                 |  |              |  |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                               |  |                |                                                                                             |  |                 |  |              |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                 |  |                |                                                                                             |  |                 |  |              |  |
| 0 12 Dark gray silty clay                                                                                                                                                                                                                                                                                                                                                                                         |  |                |                                                                                             |  |                 |  |              |  |
| 12 15 Limestone                                                                                                                                                                                                                                                                                                                                                                                                   |  |                |                                                                                             |  |                 |  |              |  |
| 15 22 Sandy shale                                                                                                                                                                                                                                                                                                                                                                                                 |  |                |                                                                                             |  |                 |  |              |  |
| Flushmount waiver from BOW                                                                                                                                                                                                                                                                                                                                                                                        |  |                |                                                                                             |  |                 |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 constructed, 2 reconstructed, or 3 plugged under my jurisdiction and was completed on (mo/day/year) 4/10/13 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) 5/6/13                                                                                                                                                                                                                                                                                                       |  |                |                                                                                             |  |                 |  |              |  |
| under the business name of Larsen & Associates, Inc. by (signature)                                                                                                                                                                                                                                                                                                                                               |  |                |                                                                                             |  |                 |  |              |  |
| INSTRUCTIONS: 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. |  |                |                                                                                             |  |                 |  |              |  |