GSI Job No. 107318 **MW-17**

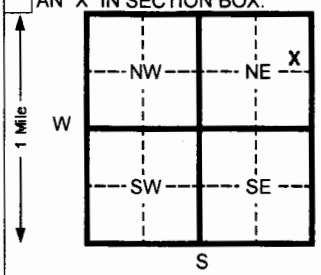
WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. _____

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: **Johnson**	**SE** ¼ **NE** ¼ **NE** ¼	**3**	T **14** S	R **23** E

Distance and direction from nearest town or city street address of well if located within city?
1001 W. Old Hwy. 56, Olathe

2 WATER WELL OWNER: **Northrop Grumman Guidance and Electronics Company, Inc.**
RR#, St. Address, Box # : **1480 Century Park East**
City, State, ZIP Code : **Los Angeles, CA 90067**
Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL **30** ft. ELEVATION: **1056.31 (TOC)**
Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.
WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____
Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
Bore Hole Diameter **8.25** in. to **30** ft. and _____ in. to _____ ft.
WELL WATER TO BE USED AS: 1 Domestic 3 Feed lot 5 Public water supply 6 Oil field water supply 8 Air conditioning 9 Dewatering 11 Injection well 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) [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**

OFFICE USE ONLY

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought Iron 6 Asbestos-Cement 8 Concrete tile 9 Other (specify below) [2 PVC] 4 ABS 7 Fiberglass
CASING JOINTS: Glued ____ Clamped ____ Welded [Threaded **Flush**]
Blank casing diameter **2** in. to **15** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **Flush** in., weight **0.703** lbs./ft. Wall thickness or gauge No. **SCH. 40**
TYPE OF SCREEN OR PERFORATION MATERIAL: [7 PVC] 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot [3 Mill slot] 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From **15** ft. to **30** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS: From **13** ft. to **30** ft. From _____ ft. to _____ ft.
From _____ ft. to _____ ft. From _____ ft. to _____ ft.

T R SEC

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout [3 Bentonite] 4 Other _____
Grout Intervals From **0.5** ft. to **13** 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 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
13 Insecticide storage
Direction from well? How many feet?

FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO	NOTES
0	0.5		Asphalt			* Flushmount wellhead protected by a Morrison 418 series or equivalent manhole, which is encased in cement sloped to allow drainage away from manhole. Well casing protected by a 2" locking Torquer j-plug.
0.5	13		Clay, gray brown to brown			
13	21		Shale, weathered, brown			
21	30		Shale, brown			
						GPS Coordinates:
						Northing: 209660.5715
						Easting: 2213170.8170

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/yr) **11/10/10** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **12/16/10**
under the business name of **Geotechnical Services Inc.** by (signature)

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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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