

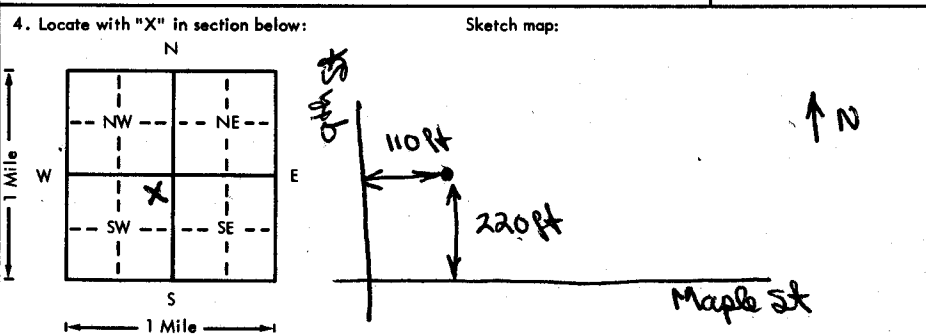
95.21532 38.97792

161

1. Location of well: County Douglas Fraction NE SW 1/4 SW 1/4 Section number 29 Township number T 12 S R 20 Range number EW

2. Distance and direction from nearest town or city: Street address of well location if in city: 9th Maple, Lawrence

3. Owner of well: FMC Corporation
R.R. or street: 9th Maple
City, state, zip code: Lawrence, Kansas 66044



6. Bore hole dia. 8 in. Completion date _____
Well depth 27 ft. 1/21/76

7. Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored Reverse rotary

8. Use: Domestic Public supply Industry
 Irrigation Air conditioning Stock
 Lawn Oil field water Other

9. Casing: Material Steel Height: (Above or below)
Threaded _____ Welded Surface 1.33ft in.
RMP _____ PVC _____ Weight _____ lbs./ft.
Dia. 4 in. to 24 ft. depth Wall Thickness: (inches or)
Dia. _____ in. to _____ ft. depth gage No. 25

5. Type and color of material	From	To
TOPSOIL	0	6
SILTY SAND - fine, yellowish brown	6	14
SAND - fine, yellowish brown	14	20
SILTY SAND - fine, yellowish brown	20	24
SAND - medium, yellowish brown	24	27

10. Screen: Manufacturer's name Johnson
Type low carbon steel Dia. 4 in
Slo gauze 30 Length 3ft
Set between 24 ft. and 27 ft.
_____ ft. and _____ ft.
Gravel pack? NO Size range of material _____

11. Static water level: _____ mo./day/yr.
22 ft. below land surface Date 1/21/76

12. Pumping level below land surfaces: NA
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.
Estimated maximum yield _____ g.p.m.

13. Water sample submitted: _____ mo./day/yr.
Yes No Date _____

14. Well head completion: NA
 Pitless adapter 12 1/2 Inches above grade

15. Well grouted? YES
With: Neat cement Bentonite Concrete
Depth: From 0 ft. to 15 ft.

16. Nearest source of possible contamination: NA
ft. _____ Direction _____ Type _____
Well disinfected upon completion? _____ Yes No

17. Pump: Not installed
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. capacity _____ g.p.m.
Type:
 Submersible Turbine
 Jet Reciprocating
 Centrifugal Other

18. Elevation: _____

19. Remarks: _____

20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name JURGMANN BROS License No. 119
Address C. ARBONDALE Hts.
Signed [Signature] Date 1-21-76
Authorized representative

T
R
W
S
12 20 29 NE NE SW
1/4 1/4 1/4