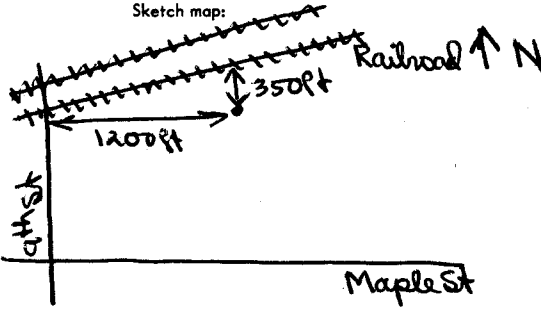
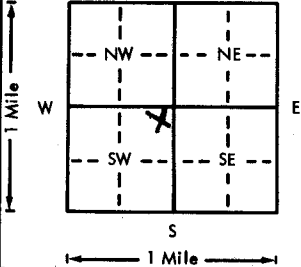


1. Location of well:		County <b>Douglas</b>	Fraction <b>NE NE 1/4</b> <del>SW 1/4</del> NE 1/4	Section number <b>29</b>	Township number <b>T 12</b>	Range number <b>S R 20</b>	<b>EW</b>
2. Distance and direction from nearest town or city: Street address of well location if in city: <b>9th + Maple, Lawrence</b>				3. Owner of well: <b>FMC Corporation</b> R.R. or street: <b>9th + Maple</b> City, state, zip code: <b>Lawrence, Kansas 66044</b>			
4. Locate with "X" in section below:		Sketch map: 			6. Bore hole dia. <b>8 1/2</b> in. Completion date _____ Well depth <b>45</b> ft. <b>1/21/76</b>		
		7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input checked="" type="checkbox"/> Other		
5. Type and color of material		9. Casing: Material <b>Steel</b> Height: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>1 1/2</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>4</b> in. to <b>42</b> ft. depth; Wall Thickness: <b>1/8</b> in. or Dia. _____ in. to _____ ft. depth; gage No. <b>25</b>			10. Screen: Manufacturer's name _____ <b>Johnson</b> Type <b>Low Carbon Steel</b> Dia. <b>4 in</b> <b>30</b> gauze Length <b>3 ft</b> Set between <b>42</b> ft. and <b>45</b> ft. _____ ft. and _____ ft. Gravel pack? <b>NO</b> Size range of material _____		
		11. Static water level: _____ mo./day/yr. <b>21</b> ft. below land surface Date <b>1/21/76</b>			12. Pumping level below land surfaces: <b>NA</b> _____ 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____			14. Well head completion: <b>NA</b> _____ Pitless adapter _____ Inches above grade		
		15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.			16. Nearest source of possible contamination: <b>NA</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes <input checked="" type="checkbox"/> No		
		17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			1 2 2 0 W 2 9 Sec NE SW NE 1/4 1/4 1/4		
(Use a second sheet if needed)		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. <b>JUDITH ANN BOUS 119A</b> Business name _____ License No. _____ Address <b>A. ARBONDALE HS</b> Signed <b>James P. [Signature]</b> Date <b>1-21-76</b> Authorized representative					