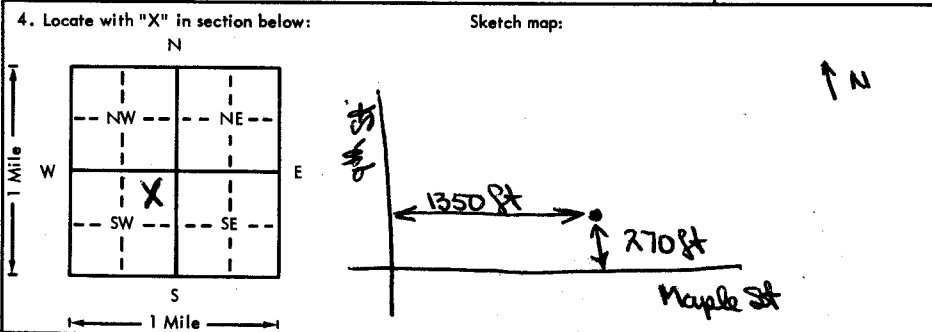


95.20719 38.97699 131

1. Location of well:	County Douglas	Fraction C NE NE 1/4 SW 1/4 SE 1/4	Section number 29	Township number T 12	Range number S R 20
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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
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6. Bore hole dia. 6 in. Completion date _____ Well depth 45 ft. 1/31/76
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
9. Casing: Material Steel Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 1.598 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 42 ft. depth Wall Thickness: 1/8 or Dia. _____ in. to _____ ft. depth gage No. 225

5. Type and color of material	From	To
TOPSOIL	0	12
SILTY SAND - brown	12	45
SAND - fine to medium, gray	45	50
BEDROCK	50	
(Use a second sheet if needed)		

10. Screen: Manufacturer's name Johman Type low carbon steel Dia. 4 in <input checked="" type="checkbox"/> 30 gauze 30 Length 3 ft Set between 42 ft. and 45 ft. _____ ft. and _____ ft. Gravel pack? NO Size range of material _____
11. Static water level: _____ mo./day/yr. 19 ft. below land surface Date 1/31/76
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 <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____
14. Well head completion: NA _____ Pitless adapter _____ Inches above grade
15. Well grouted? YES With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.
16. Nearest source of possible contamination: NA ft. _____ Direction _____ Type _____ Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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

18. Elevation:	19. Remarks:
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	

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.

JANE MANN BARS **119**
Business name License No.
Address **CAMBANDALE HS**
Signed **Jane Mann Bars** Date **2-2-76**
Authorized Representative

12 20 W 29 C NE SE 1/4 1/4