

FMC-12

1 LOCATION OF WATER WELL: County: <i>Douglas</i>	Fraction <i>SW 1/4 SE 1/4 NE 1/4</i>	Section Number <i>29</i>	Township Number <i>12-S</i>	Range Number <i>20-E</i>
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Distance and direction from nearest town or city street address of well if located within city?
440 N 9th St Lawrence, KS

2 WATER WELL OWNER: <i>FMC Corporation</i> RR #, St. Address, Box #: <i>440 N. 9th St</i> City, State, ZIP Code : <i>Lawrence KS 66044</i>	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <table border="1" style="width:100%; text-align: center;"> <tr><td colspan="4">N</td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>NW</td><td> </td><td>NE</td><td> </td></tr> <tr><td> </td><td> </td><td style="text-align: center;">X</td><td> </td></tr> <tr><td>SW</td><td> </td><td>SE</td><td> </td></tr> <tr><td colspan="4">S</td></tr> </table>	N								NW		NE				X		SW		SE		S				4 DEPTH OF WELL <i>34</i> ft WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <u> </u> If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes No <u> </u></p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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5 TYPE OF BLANK CASING USED:

<input checked="" type="radio"/> Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile

Blank casing diameter *4* in. Was casing pulled? Yes No If yes, how much *5*
Casing height above or below land surface *12* in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other *topsoil*

Grout Plug Intervals: From ft. to ft., From *34* ft. to *3* ft., From *3* to *0* ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage
<input checked="" type="radio"/> Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage
4 Lateral lines	9 Feedyard	14 Abandoned water well
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well

Direction from well? *North* How many feet? *40*

FROM	TO	PLUGGING MATERIALS
<i>34</i>	<i>3</i>	<i>Bentonite 3/8"</i>
<i>3</i>	<i>0</i>	<i>Topsoil</i>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *11-21-00* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *575* This Water Well Record was completed on (mo/day/year) *12-20-00* under the business name of *Funk's Drilling Service* by (signature) *Adrian Funk*

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.