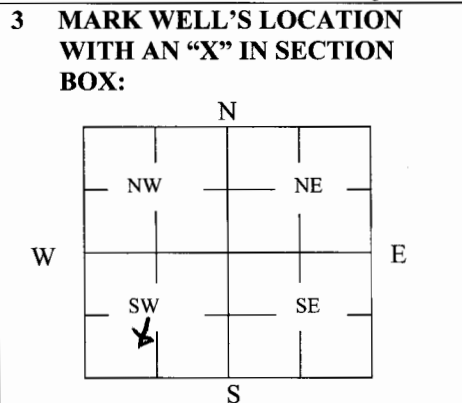


**1 LOCATION OF WATER WELL:** Fraction SW 1/4 SW 1/4 NE 1/4 Section Number 4 Township Number 13 S Range Number 20 D/W  
 County: Douglas

Distance and direction from nearest town or city street address of well if located within city?

1608 N 1400 Rd Lawrence KS

**2 WATER WELL OWNER:** FF Kansas Remediation Trust Global Positioning Systems (decimal degrees, min. of 4 digits)  
 RR#, St. Address, Box #: 1608 N 1400 Rd Latitude: 38.945060052  
 City, State ZIP Code: Lawrence KS 66046 Longitude: -95.187675893  
 Elevation: \_\_\_\_\_ Datum: \_\_\_\_\_ Data Collection Method: \_\_\_\_\_



**4 DEPTH OF WELL** 10 ft.  
 WELL'S STATIC WATER LEVEL dry ft. P8  
 WELL WAS USED AS:  
 1 Domestic 5 Public Water Supply 9 Dewatering  
 2 Irrigation 6 Oil Field Water Supply 10 Monitoring  
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well  
 4 Industrial 8 Air Conditioning 12 Other \_\_\_\_\_  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No X

**5 TYPE OF BLANK CASING USED:**  
 1 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 X No \_\_\_\_\_ If yes, how much All  
 Casing height above or below land surface 2 in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_  
 Grout Plug Intervals: From 10 ft. to 1 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ 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 \_\_\_\_\_  
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage \_\_\_\_\_  
 4 Lateral lines 9 Feedyard 14 Abandoned water well Direction from well? \_\_\_\_\_  
 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>10</u>	<u>1</u>	<u>Bentonite</u>			
<u>1</u>	<u>0</u>	<u>Seal</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2-13-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 204. This Water Well Record was completed on (mo/day/year) 2-13-07 under the business name of Maxis by (signature) David Nangle

**INSTRUCTIONS:** Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.