

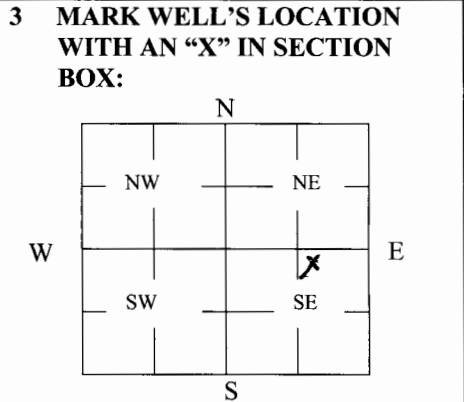
1 LOCATION OF WATER WELL:
 County: Douglas Fraction SE₄ NE₄ NW₄ Section Number 4 Township Number 13S Range Number 20E

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

1608 N1400 Rd Lawrence, KS

2 WATER WELL OWNER:
FI Kansas Remediation trust
 RR#, St. Address, Box #: 1608 N1400 Rd
 City, State ZIP Code: Lawrence KS 66044

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38 948916742
 Longitude: -95.188480154
 Elevation: 846
 Datum: _____
 Data Collection Method: _____



4 DEPTH OF WELL 62 ft. DW02A

WELL'S STATIC WATER LEVEL 321 ft

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 <u>Water supply</u> |

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) |
| <u>2</u> PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter ~~8.75~~ in. Was casing pulled? Yes _____ No X If yes, how much 5'
 Casing height above or below land surface 24 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Plug Intervals: From 60 ft. to 3 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>60</u> | <u>3</u> | <u>Bentonite</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1-26-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 704. This Water Well Record was completed on (mo/day/year) 1-26-07 under the business name of maxs by (signature) David Plough

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>.