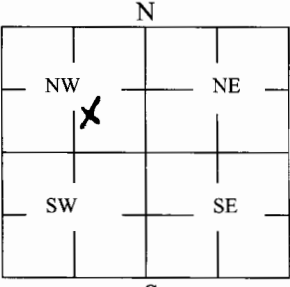


1 LOCATION OF WATER WELL: County: <u>Douglas</u>	Fraction <u>NW 1/4 SE 1/4 NW 1/4</u>	Section Number <u>4</u>	Township Number <u>13S</u>	Range Number <u>20E</u>
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Distance and direction from nearest town or city street address of well if located within city?

1608N 1400 Rd Lawrence KS

2 WATER WELL OWNER: <u>FE Kansas Remediation Trust</u> RR#, St. Address, Box #: <u>1608N 1400 Rd</u> City, State ZIP Code: <u>Lawrence KS 66046</u>	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>38.946738475</u> Longitude: <u>-95.12572012</u> Elevation: <u>883</u> Datum: _____ Data Collection Method: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL <u>10</u> ft. <u>P3</u> WELL'S STATIC WATER LEVEL <u>D-7</u> 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>10 Monitoring</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> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/>	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 _____
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 _____											

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 4 in. Was casing pulled? Yes ☒ No _____ If yes, how much ALL

Casing height above or below land surface _____ 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 | <input checked="" type="radio"/> 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>Soil</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. 704. This Water Well Record was completed on (mo/day/year) 2-13-07 under the business name of Max's by (signature) David Mungin

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>.