

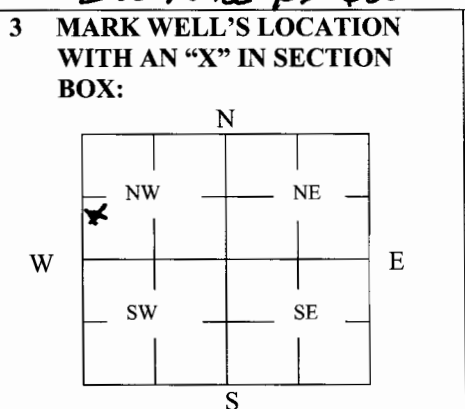
**1 LOCATION OF WATER WELL:**  
 County: Douglas Fraction NW 1/4 SW 1/4 NW 1/4 Section Number 4 Township Number 137 Range Number 20  NW

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

1608N 1400 Rd Lawrence

**2 WATER WELL OWNER:**  
FF Kansas Remediation trust  
 RR#, St. Address, Box #: 1608 N 1400 Rd  
 City, State ZIP Code: Lawrence Ks 66046

**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: 38.943827443  
 Longitude: -95.184147024  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_



**4 DEPTH OF WELL** 31 ft.  
**WELL'S STATIC WATER LEVEL** 9.3 ft. PSW 10

**WELL WAS USED AS:**

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<input checked="" type="checkbox"/> 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

**5 TYPE OF BLANK CASING USED:**

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

Blank casing diameter 2 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much \_\_\_\_\_  
 Casing height above or below land surface 29" in.

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

Grout Plug Intervals: From 29 ft. to 2 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="checkbox"/> 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>29</u>	<u>2</u>	<u>Bentonite</u>			
<u>2</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) 2-28-07 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) 2-28-07 under the business name of maxs by (signature) David Douglas

**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>.