

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

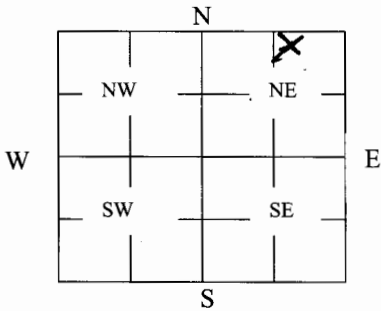
Distance and direction from nearest town or city street address of well if located within city?

1608 W 1400 Rd Lawrence

2 WATER WELL OWNER: FI Kansas Remediation trust
 RR#, St. Address, Box #: 1608 N 1400 Rd
 City, State ZIP Code: Lawrence ks 66704

Global Positioning Systems (decimal degrees, min. of 4 digits)
 Latitude: 38.951386385
 Longitude: -95.189950879
 Elevation: _____
 Datum: _____
 Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF WELL 57 ft. SW05

WELL'S STATIC WATER LEVEL 25.5 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 |
| <input checked="" type="checkbox"/> 4 Industrial | 8 Air Conditioning | 12 Other _____ |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X

5 TYPE OF BLANK CASING USED:

<input checked="" type="checkbox"/> 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 16 in. Was casing pulled? Yes X No _____ If yes, how much 6'
 Casing height above or below land surface 35" in.

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

Grout Plug Intervals: From 57 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 | <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>57</u>	<u>2</u>	<u>Bentonite</u>			
<u>3</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) 2-21-07 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) 2-21-07 under the business name of Max's by (signature) David Humpal

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>.