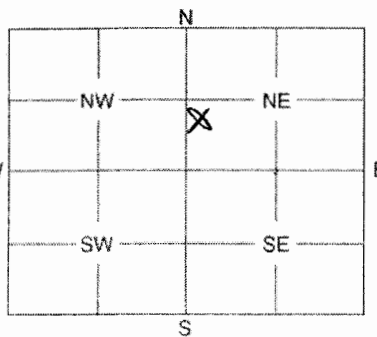


| | | | | | |
|----------------------------------------------------|-----------------------------------|----------------------------|------------------------------|--------------------------|------------|
| 1 LOCATION OF WATER WELL: County: Marion | Fraction NW ¼ SW ¼ NE ¼ | Section Number 5 | Township Number 20 | Range Number 4 | E/W |
|----------------------------------------------------|-----------------------------------|----------------------------|------------------------------|--------------------------|------------|

Distance and direction from nearest town or city street address of well if located within city?
1014 E. Melvin, Marion, Kansas

2 WATER WELL OWNER: **St. Luke Hospital**
 RR #, St. Address, Box #: **1014 E. Melvin** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Marion, Ks 66861** Application Number:

| | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|--------------|--------------|--------------------------|---------------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  | 4 DEPTH OF WELL 55 ft. WELL'S STATIC WATER LEVEL .33.75 ... ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</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 X If yes, mo/day/yr sample was submitted | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 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 Well | | | | | | | | | | | |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | |
| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | |

5 TYPE OF BLANK CASING USED:
 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter: **2** in. Was casing pulled? Yes **X**..... No If yes, how much **3'**.....
 Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: **3** Neat cement 2 Cement grout **3** Bentonite **4** Other **Surface silts and clays**.....
 Grout Plug Intervals: From **55**..... ft. to **3**..... ft., From **3**..... ft. to **0**..... ft., From to ft.

What is the nearest source of possible contamination:

| | | |
|--------------------------|-------------------|-------------------------|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage |
| 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 |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well |

16 Other (specify below) **On-site**

Direction from well? How many feet?

| FROM | TO | PLUGGING MATERIALS |
|-----------|----------|----------------------------|
| 55 | 3 | Bentonite |
| 3 | 0 | Surface silts/clays |
| | | |
| | | |
| | | |
| | | |

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **06/09/05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/year) **06/21/05** under the business name of **Associated Environmental, Inc.**
 by (signature) **Bradley J. Johnson**

INSTRUCTIONS: Use typewriter or ball point 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.