KSA 82a-1212

Form WWC-5P LOCATION OF WATER WELL: Fraction Township Number Section Number Number Range 5 Marion NW SW W NE W 20 4 E Distance and direction from nearest town or city street address of well if located within city? 1014 E. Melvin, Marion, Kansas WATER WELL OWNER: St. Luke Hospital 2 RR #, St. Address, Box #: 1014 E. Melvin Board of Agriculture, Division of Water Resources City, State, ZIP Code Application Number: Marion, Ks 66861 à MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL .35.94... ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 10 Monitoring Well 2 Irrigation 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 11 Injection Well 3 Feedlot W 4 Industrial 8 Air Conditioning 12 Other SE If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No ...X...... TYPE OF BLANK CASING USED: 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter in. If yes, how much3! Yes X Was casing pulled? No Casing height above or below land surface in. 1 Neat cement From60...... ft. therSurface silts and clays..... **GROUT PLUG MATERIAL:** 2 Cement grout 3 Bentonite 6 Grout Plug Intervals: From3.......ft. to ft., to ..0..... ft., From What is the nearest source of possible contamination: 1 Septic tank Other (specify below) 6 Seepage pit 11 Fuel storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 8 Sewage lagoon 3 Watertight sewer lines 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well How many feet? Direction from well? FROM TO PLUGGING MATERIALS Bentonite 3 60 Surface silts/clays 0 3 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585

under the business Parity of Predley Liphnson. This Water Well Record was completed on (mo/day/year)
Associated Environmental, Inc. Water Well Contractor's License No. 585 by (signature) Bradley J. johnson 7 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.