ILOCATION OF WATER WELL Fraction Sw., NW , SW , SW , NW , SW , NW , NW , SW , NW , N	WATER WELL RECORD Form WWC-5 Division of Water Resources; App. No.												
Distance and direction from nearest town or city street address of well if located within city? 440 SANTA FE SALINA, KS 67401 Z WATER WELL OWNER: RR#, St. Address, Box #S SALINA, REGIONAL MEDICAL CENTER RR#, St. Address, Box #S SALINA REGIONAL MEDICAL CENTER City, State, LPI Code SALINA, KS 67401 3 LOCATE WELLS LOCATION LO				Fraction				ber T	ownship Nur				
located within city	Cour	nty: SALIN	E	NE _{v4} NV	V .,4 SW	1/4							
440 SANTA FE SALINA, KS 67401 2 WATER WELL OWNER. R#, St. Address, Box # City, State, ZIP Code 3 LOCATE WELL'S LOCATION LOCATE WELL'S LOCATION SCITION BOX: Depth(c) Groundwater Encountered (1) 999 ft. (2) ft. (3) ft. Well'STATIC WATER LEVEL. Pump test data: Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 1 Domestic 3 Feedlot 6 Oil field water supply 2 Impained of Houstwild 7 Domestic (lawn& garden) Depth(c) Groundwater incoming gpm WELL WATER TO BE USED AS: 5 Public water supply 3 Air conditioning 11 Injection well 2 Impained was submitted Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yrs Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes A Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes No X If yes, mo/day/yrs Water well disinfected? Yes Interest of the part o				vn or city street add	ress of wel					degre	es, min. of 4 di	igits)	
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What is the nearest source of possible contamination: I Septic tank	1		From 50 ft	to 31 ft	From	f	t. to	ft F	From		ft. to	ft.	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well How many feet? IMMEDIATE VICINITY FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O" 1' Cement 1' 10" CHOCOLATE MEDIUM PLASTIC, STIFF 10' 15' CLAY: BROWN, SANDY DAMP TR PLASTIC SOFT 15' 31' CH BROWN MOIST HIGH PLASTIC SOFT 31' 50' CL BROWN TR SANDY TR PLASTIC MEDIUM STIFF MW -3R 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/16/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on (mo/day/year) 11/19/07 under the business name of Pratt Well Service, Inc. by (signature) Water Planks, underline or cite the correct answers. Send top	1					_		, 2					
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O" 1' Cement 1' 10" CHOCOLATE MEDIUM PLASTIC, STIFF 10' 15' CLAY: BROWN, SANDY DAMP TR PLASTIC SOFT 15' 31' CH BROWN MOIST HIGH PLASTIC SOFT 31' 50' CL BROWN TR SANDY TR PLASTIC MEDIUM STIFF MW -3R 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10/16/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 665 This Water Well Record was completed for (mo/day/year) 11/19/07 under the business name of Pratt Well Service, Inc. by (signature) 11/19/07 with the correct answers. Send top	1	•							-			cify	
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three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1 000 SW Jackson St. Suite 420. Toneka Kansas 66612-1 367. Telephone	1	a business	nome of Duntt Wall C-	muioo Ima		1	(-: '	/1/ -	~				
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