

1 LOCATION OF WATER WELL: County: <u>Salina</u>		Fraction <u>NE</u> $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number <u>13</u>	Township Number T <u>14</u> S	Range Number R <u>3</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>443 Santa Fe, Salina, KS</u>					
2 WATER WELL OWNER: <u>Salina Regional Medical Center</u>					
RR#, St. Address, Box # : <u>400 S. Santa Fe</u>					
City, State, ZIP Code : <u>Salina, KS 67402</u> MW # <u>18</u> Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align:center;">N W X E S</div>		4 DEPTH OF COMPLETED WELL... <u>40</u> ft. ELEVATION:ft. Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL ... <u>35</u>ft. below land surface measured on mo/day/yr Pump test data: Well water wasft. after hours pumping gpm Est. Yield gpm: Well water wasft. after hours pumping gpm Bore Hole Diameter... <u>6</u> ...in. to ... <u>40</u>ft., andin. toft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes.....No... <u>X</u>; If yes, mo/day/yr sample was sub- mitted Water Well Disinfected? Yes No <u>X</u>			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded... <u>X</u> Blank casing diameterin. to ... <u>30</u>ft., Diain. toft., Diain. toft. Casing height above land surface... ..in., weight ... <u>.716</u>lbs./ft. Wall thickness or gauge No. ... <u>.154</u>			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile		7 PVC 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) 9 ABS 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify)			
SCREEN-PERFORATED INTERVALS: From... <u>30</u> ft. to ... <u>40</u>ft.		From... ..ft. toft.			
GRAVEL PACK INTERVALS: From... <u>28</u> ft. to ... <u>40</u>ft.		From... ..ft. toft.			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Intervals: From... <u>0</u> ft. to ... <u>26</u>ft.		From... <u>26</u> ft. to ... <u>28</u>ft.			
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard		10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage Contaminated Site			
Direction from well?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Asphalt, fill			
3	13	Clay			
13	20	Silty Clay			
20	28	Silty w/Clay			
28	34	Very Fine Silty Sand			
34	40	Med. to Coarse Sand			
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) ... <u>7-25-97</u> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ... <u>554</u> ... This Water Well Record was completed on (mo/day/yr) ... <u>8-11-97</u> ... under the business name of <u>Woofter Pump & Well, Inc.</u> by (signature) <u>[Signature]</u>					
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					