

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																														
	County: SALINE	NE 1/4 NW 1/4 SW 1/4	13	14S	3W EA																														
Distance and direction from nearest town or city street address of well if located within city? 501 S. SANTA FE, SALINA, KS 67401																																			
2	WATER WELL OWNER: SALINA REGIONAL MEDICAL CENTER																																		
	RR #, St. Address, Box # 440 SANTA FE		Board of Agriculture, Division of Water Resources																																
	City, State, ZIP Code SALINA, KS 67401		Application Number:																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;"> N <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td>X</td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> S W E </div> </div>								NW		NE	X			SW		SE																		
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4	DEPTH OF WELL 43.60 ft. WELL'S STATIC WATER LEVEL 40.65 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes No X if yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes No X																																		
5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) _____ </div> </div> Blank casing diameter 1" in. Was casing pulled? Yes X No _____ If yes, how much 36" Casing height above or below land surface 36" in.																																		
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From 43.60 ft. to 0' ft., From _____ ft. to _____ ft., From _____ to _____ ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) _____ </div> </div> Direction from well? IMMEDIATE VICINITY How many feet? IMMEDIATE VICINITY																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>43.60</td> <td>0</td> <td>Bentonite Hydrated</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	43.60	0	Bentonite Hydrated																								
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/15/07 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) 10/15/07 by (signature) <i>[Signature]</i> under the business name of Pratt Well Environmental																																		
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, 1 000 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.																																			