stance and direction from nearest town or city street address of well if located within city? 1) Is. SANTA FE, SALINA, KS 67401 WATER WELL OWNER: SALINA REGIONAL MEDICAL CENTER RR #, St. Address, Box #-440 SANTA FE City, Safe, 2IP Code SALINA, KS 67401 MARK WELLS LOCATION WITH AN "X" IN SECTION BOX: WELL WAS USED AS: 1 Domestic 5 Public Water Supply 2 Impation 6 Oil Field Water Supply 3 Feedlot 7 Domestic (Jawn & Garden) 11 Injection Well 12 Other "SW as chemical / bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: Was a Chemical / bacteriological sample submitted to Department? Yes No X TYPE OF BLANK CASING USED: Water Well Disinfected: Yes No X TYPE OF BLANK CASING USED: SW S 6 Adsestor-Cement 8 Concrete Tile Blank casing diameter 1" in. Group Pluj Intervals: From 39.74 ft. to 7 No If yes, how much See No If yes how much See See No If yes how much See No If yes how much See See See No If yes located See See See See See See See Se				WATER WELL PLUGGING R	ECORD Form WWC-5P	KSA 82a-1 212	ID NO	
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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.	answers. S	end top thre	e copies to Kar	sas Department of Health	and Environment, Bureau	of Water, Geolo	ogy Section, 1 000 S	W Jackson

