

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 EW																																	
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="text-align: center;"> </div>																																					
4	DEPTH OF WELL 40.35 ft. WELL'S STATIC WATER LEVEL 39.98 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</div> <div>3 RMP (SR) 4 ABS</div> <div>5 Wrought 6 Asbestos-Cement</div> <div>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 40.35 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>40.35</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	40.35	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 under the business name of Pratt Well Environmental by (signature) <i>[Signature]</i>																																					
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.																																						

LEGEND:

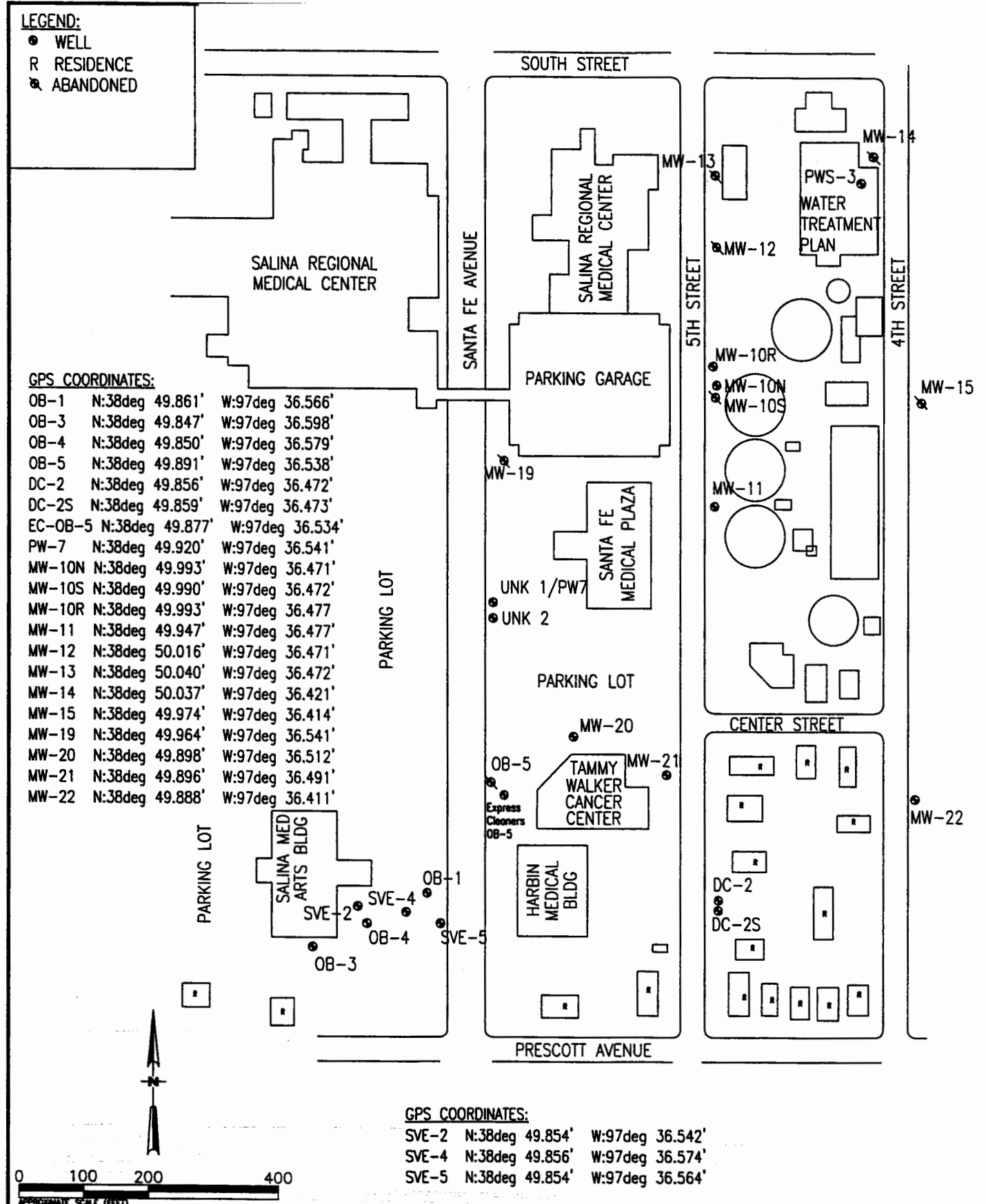
- WELL
- R RESIDENCE
- ⊘ ABANDONED

GPS COORDINATES:

OB-1 N:38deg 49.861' W:97deg 36.566'
 OB-3 N:38deg 49.847' W:97deg 36.598'
 OB-4 N:38deg 49.850' W:97deg 36.579'
 OB-5 N:38deg 49.891' W:97deg 36.538'
 DC-2 N:38deg 49.856' W:97deg 36.472'
 DC-2S N:38deg 49.859' W:97deg 36.473'
 EC-OB-5 N:38deg 49.877' W:97deg 36.534'
 PW-7 N:38deg 49.920' W:97deg 36.541'
 MW-10N N:38deg 49.993' W:97deg 36.471'
 MW-10S N:38deg 49.990' W:97deg 36.472'
 MW-10R N:38deg 49.993' W:97deg 36.477'
 MW-11 N:38deg 49.947' W:97deg 36.477'
 MW-12 N:38deg 50.016' W:97deg 36.471'
 MW-13 N:38deg 50.040' W:97deg 36.472'
 MW-14 N:38deg 50.037' W:97deg 36.421'
 MW-15 N:38deg 49.974' W:97deg 36.414'
 MW-19 N:38deg 49.964' W:97deg 36.541'
 MW-20 N:38deg 49.898' W:97deg 36.512'
 MW-21 N:38deg 49.896' W:97deg 36.491'
 MW-22 N:38deg 49.888' W:97deg 36.411'

GPS COORDINATES:

SVE-2 N:38deg 49.854' W:97deg 36.542'
 SVE-4 N:38deg 49.856' W:97deg 36.574'
 SVE-5 N:38deg 49.854' W:97deg 36.564'



**FIGURE 1
SITE PLAN**

SALINA REGIONAL MEDICAL CENTER
 540 SOUTH SANTA FE
 SALINA, KANSAS

PROJ.# 17102554

PAGE#

SCALE: AS SHOWN

DRAWN BY: CLE

FILE NO. 2554-F1

DESIGNED BY:

DATE: 8-24-07

APPROVED BY:

Terranext