

| 1  | LOCATION OF WATER WELL:   | Fraction                    | Section Number                                    | Township Number   | Range Number  |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|-----------------------------|---|---|---------------|----------|----|--------------------|-------|---|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| County: <b>SALINE</b>  |   | <b>NE 1/4 NW 1/4 SW 1/4</b> | <b>13</b>   | <b>14S</b>  | <b>3W E/W</b> |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>501 S. SANTA FE, SALINA, KS 67401</b>  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2  | WATER WELL OWNER: <b>SALINA REGIONAL MEDICAL CENTER</b>   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box # <b>440 SANTA FE</b>   |   |                             | Board of Agriculture, Division of Water Resources |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code <b>SALINA, KS 67401</b>  |   |                             | Application Number:                               |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3  | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |                             | 4   | DEPTH OF WELL <b>41.20</b> ft.<br>WELL'S STATIC WATER LEVEL <b>39.00</b> ft.<br><br>WELL WAS USED AS:<br><br><div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 Dewatering<br/>10 Monitoring Well<br/>11 Injection Well<br/>12 Other </div> </div><br>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <b>X</b><br>if yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes ..... No <b>X</b> |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td style="width: 33%; text-align: center;">NW</td><td style="width: 33%; text-align: center;">NE</td><td style="width: 33%;"></td></tr> <tr><td style="text-align: center;">W</td><td style="text-align: center;"><b>X</b></td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td><td></td></tr> <tr><td colspan="3" style="text-align: center;">S</td></tr> </table>   |   | NW                          | NE  |   | W             | <b>X</b> | E  | SW                 | SE    |   | S                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NW   | NE  |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| W  | <b>X</b>  | E                           |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SW   | SE  |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| S  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5  | TYPE OF BLANK CASING USED:  |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)<br><b>2 PVC</b> 4 ABS      6 Asbestos-Cement      8 Concrete Tile  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <b>1"</b> in.      Was casing pulled? Yes <b>X</b> No .....      If yes, how much <b>36"</b>   |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface <b>36"</b> in.   |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6  | GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <b>3 Bentonite</b> 4 Other .....  |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals:      From <b>41.20</b> ft. to <b>0'</b> ft.,      From ..... ft. to ..... ft.,      From ..... ft. to ..... ft.  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;">1 Septic tank</div> <div style="width: 33%;">6 Seepage pit</div> <div style="width: 33%;"><b>11 Fuel storage</b></div> <div style="width: 33%;">16 Other (specify below)</div> <div style="width: 33%;">2 Sewer lines</div> <div style="width: 33%;">7 Pit privy</div> <div style="width: 33%;">12 Fertilizer storage</div> <div style="width: 33%;">13 Insecticide storage</div> <div style="width: 33%;">3 Watertight sewer lines</div> <div style="width: 33%;">8 Sewage lagoon</div> <div style="width: 33%;">14 Abandoned water well</div> <div style="width: 33%;">4 Lateral lines</div> <div style="width: 33%;">9 Feedyard</div> <div style="width: 33%;">15 Oil well/Gas well</div> <div style="width: 33%;">5 Cess pool</div> <div style="width: 33%;">10 Livestock pens</div> </div> |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <b>IMMEDIATE VICINITY</b> How many feet? <b>IMMEDIATE VICINITY</b>  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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>41.20</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 | 41.20 | 0 | Bentonite Hydrated |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM   | TO  | PLUGGING MATERIALS          |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 41.20  | 0   | Bentonite Hydrated          |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |                             |   |   |               |          |    |                    |       |   |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7  | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>10/15/07</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>665</b> This Water Well Record was completed on (mo/day/year) <b>10/15/07</b> under the business name of <b>Pratt Well Environmental</b><br>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'

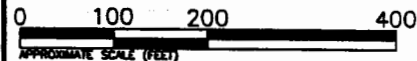
**GPS COORDINATES:**

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'

PARKING LOT

PARKING LOT

PARKING LOT



|                  |               |
|------------------|---------------|
| PROJ. # 17102554 | PAGE #        |
| SCALE: AS SHOWN  | DRAWN BY: CLE |
| FILE NO. 2554-F1 | DESIGNED BY:  |
| DATE: 8-24-07    | APPROVED BY:  |



**FIGURE 1  
 SITE PLAN**

**SALINA REGIONAL MEDICAL CENTER  
 540 SOUTH SANTA FE  
 SALINA, KANSAS**

