

<b>1 LOCATION OF WATER WELL:</b> County: <b>SALINE</b> Distance and direction from nearest town or city street address of well if located within city? <b>501 S. SANTA FE, SALINA, KS 67401</b>	Fraction <b>NE 1/4 NW 1/4 SW 1/4</b>	Section <b>13</b>	Number <b>14S</b>	Township <b>3W</b>	Range <b>EW</b>
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<b>2 WATER WELL OWNER:</b> <b>SALINA REGIONAL MEDICAL CENTER</b> RR #, St. Address, Box # <b>440 SANTA FE</b> City, State, ZIP Code <b>SALINA, KS 67401</b>	Board of Agriculture, Division of Water Resources Application Number:
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> </div>	<b>4 DEPTH OF WELL</b> <u>42.15</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>40.07</u> ft.  <b>WELL WAS USED AS:</b> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><u>10</u> Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> if yes, mo/day/yr sample was submitted .....  Water Well Disinfected: Yes ..... No <u>X</u>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10</u> Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel <u>2 PVC</u> 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)	Blank casing diameter <u>1"</u> in. Casing height above or below land surface <u>36"</u> in. Was casing pulled? Yes <u>X</u> No ..... If yes, how much <u>36"</u>
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<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other	Grout Plug Intervals: From <u>42.15</u> ft. to <u>0'</u> ft., From ..... ft. to ..... ft., From ..... to ..... ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td><u>11 Fuel storage</u></td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? <u>IMMEDIATE VICINITY</u> How many feet? <u>IMMEDIATE VICINITY</u>	1 Septic tank	6 Seepage pit	<u>11 Fuel storage</u>	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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FROM	TO	PLUGGING MATERIALS
42.15	0	Bentonite Hydrated
		MW-14

<b>7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10/15/07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>10/15/07</u> by (signature) <u>[Signature]</u> under the business name of <u>Pratt Well Environmental</u>
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**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.

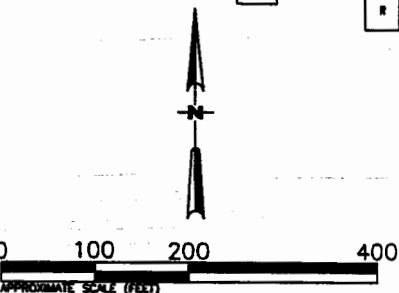
# LEGEND:

- 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'

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'



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



SOUTH STREET

SANTA FE AVENUE

SALINA REGIONAL MEDICAL CENTER

PARKING GARAGE

SANTA FE MEDICAL PLAZA

PARKING LOT

MW-20

TAMMY WALKER CANCER CENTER

HARBIN MEDICAL BLDG

PRESCOTT AVENUE

5TH STREET

4TH STREET

CENTER STREET

PWS-3  
 WATER TREATMENT PLAN

MW-15

MW-22

## 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