

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																								
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; justify-content: space-around;"> N E </div> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NW</td> <td style="width: 50%; text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <div style="display: flex; justify-content: space-around;"> W E </div> <div style="text-align: center;"> S </div>		NW	NE	X		SW	SE	<div style="text-align: center;">4</div> DEPTH OF WELL 42.80 ft. WELL'S STATIC WATER LEVEL 41.52 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>																					
NW	NE																												
X																													
SW	SE																												
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>																													
5	TYPE OF BLANK CASING USED:																												
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile																													
Blank casing diameter 1" in. Was casing pulled? Yes <u>X</u> No If yes, how much 36" in.																													
6	GROUT PLUG MATERIAL:																												
1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other Grout Plug Intervals: From 42.80 ft. to 0' ft., From ft. to ft., From to ft.																													
What is the nearest source of possible contamination:																													
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																													
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>42.80</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>MW-19</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	42.80	0	Bentonite Hydrated									MW-19									
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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:

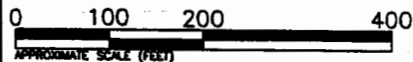
- WELL
- R RESIDENCE
- ⊗ ABANDONED

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'



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

