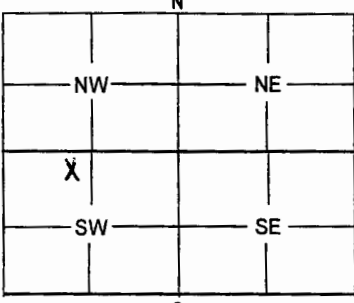


1 LOCATION OF WATER WELL: County: <u>SALINE</u>	Fraction <u>NE 1/4 NW 1/4 SW 1/4</u>	Section Number <u>13</u>	Township Number <u>14S</u>	Range Number <u>3W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>501 S. SANTA FE, SALINA, KS 67401</u>																												
2 WATER WELL OWNER: <u>KDHE - DFRTF</u> RR #, St. Address, Box # <u>1000 SW Jackson Street Suite 420</u> City, State, ZIP Code <u>Topeka, KS 66612-1367</u> Board of Agriculture, Division of Water Resources Application Number:																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;"></div>	4 DEPTH OF WELL <u>43.60</u> ft. WELL'S STATIC WATER LEVEL <u>40.65</u> ft. WELL WAS USED AS: <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 & 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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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (Specify below)</td></tr><tr><td><u>2 PVC</u></td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter <u>1"</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>36'</u> Casing height above or below land surface <u>36"</u> in.					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															
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other Grout Plug Intervals: From <u>43.60</u> ft. to <u>0'</u> ft., From ft. to ft., From ft. 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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<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>43.60</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>Express Cleaners - OB-5</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	43.60	0	Bentonite Hydrated									Express Cleaners - OB-5									
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		Express Cleaners - OB-5																										
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: 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> under the business name of <u>Pratt Well Environmental</u> by (signature) <u>[Signature]</u>																												
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'

PARKING LOT

PARKING LOT

SALINA MED
ARTS BLDG

SVE-2
OB-3

SVE-4
OB-4

OB-1

SVE-5

SOUTH STREET

SANTA FE AVENUE

PARKING GARAGE

SALINA REGIONAL
MEDICAL CENTER

SANTA FE
MEDICAL PLAZA

UNK 1/PW7
UNK 2

PARKING LOT

MW-20

OB-5
Express
Cleaners
OB-5

TAMMY
WALKER
CANCER
CENTER

MW-21

HARBIN
MEDICAL
BLDG

PRESCOTT AVENUE

5TH STREET

MW-13

MW-12

MW-10R

MW-10N

MW-10S

MW-11

PWS-3
WATER
TREATMENT
PLAN

MW-14

4TH STREET

MW-15

CENTER STREET

DC-2
DC-2S

MW-22



0 100 200 400

APPROXIMATE SCALE (FEET)

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

TRITERRA

LAND SERVICES

P.O. Box 546
Clearwater, Kansas 67026
Office (620) 584-2313 Cell (316) 648-3617
Fax (620) 584-4371
E-mail: triterrala@yahoo.com

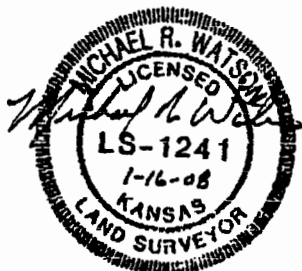
SURVEYING OF ADDITIONAL MONITORING WELLS SALINA REGIONAL MEDICAL CENTER 540 SOUTH SANTA FE SALINA, KANSAS

The above site is located in Section 13, Township 14 South, Range 3 West of the Sixth Principal Meridian, Saline County, Kansas. The Southeast corner of Section 13 was assigned coordinates of 00.00 North and 00.00 West.

The control point established during a previous survey was used for vertical control. It is described as a chiseled 'X' at the northeast corner of the parking lot for the Salina Medical Arts Building on top of the curb on the inside radius.

The Latitude and Longitude were recorded from a GPS unit. The site is located on the 7.5' topographic quad map titled "Salina".

ID	NORTH	WEST	LATITUDE	LONGITUDE	ELEVATION
SE CORNER 13-14S-3W	00.00	00.00			
CP	1714.63	4428.40	38.83197	97.60953	1229.62
NW SE NW SW 08-5 NW-34	1534.15	4259.04	38.83145	97.60893	RIM 1229.99 TOC 1229.64
SE SE NW SW					
MW-10R	2173.90	3970.22	38.83319	97.60792	RIM 1226.33 TOC 1226.14
SE NE NW SW					
MW-20	1612.32	4147.95	38.83168	97.60853	RIM 1230.18 TOC 1229.78
SE SE NW SW					
MW-21	1591.47	4054.35	38.83160	97.60820	RIM 1228.87 TOC 1228.40
SE SE NW SW					
MW-22	1500.57	3650.41	38.83135	97.60685	RIM 1228.16 TOC 1227.93
SW SW NE SW					



State of Kansas
KDHE/BER Well Tag Form

KDHE Project Code:

45 - 085 - 00877

Well Tag Number	Well Number
00367444	Express (Leaky) 08-5 MW-3R
0041687	MW-10R
0041686	MW-20
0041696	MW-21
0041688	MW-22

After completing this form, photocopy it and keep the copy for your files. Send the original to the address below.

Kansas Department of Health & Environment
Bureau of Environmental Remediation
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367