

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
County: <u>Saline</u>	<u>NE 1/4 NW 1/4 SW 1/4</u>	<u>13</u>	<u>14</u>	<u>3 W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>443 Sante Fe - Salina</u>																												
2 WATER WELL OWNER: <u>Salina Regional Medical Center</u>																												
RR#, St. Address, Box #:		Board of Agriculture, Division of Water Resources																										
City, State, ZIP Code: <u>Salina, KS 67402</u>		Application Number:																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL: <u>39.16</u> ft.																											
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">N W</td> <td style="width: 25%; text-align: center;">N E</td> <td style="width: 25%; text-align: center;">W</td> <td style="width: 25%; text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">S W</td> <td style="text-align: center;">S E</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">S</td> <td></td> <td></td> </tr> </table>	N W	N E	W	E	X				S W	S E			S				WELL'S STATIC WATER LEVEL: <u>35.13</u> ft.											
	N W	N E	W	E																								
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WELL WAS USED AS:																												
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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... <u>X</u> ... No.....																												
5 TYPE OF BLANK CASING USED:																												
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Blank casing diameter: <u>2</u> in. Was casing pulled? Yes..... No. <u>X</u> ..... If yes, how much.....																												
Casing height above or below land surface: ..... in. <u>Casing will be broke off 13 below surface</u>																												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other.....																												
Grout Plug Intervals: From <u>0</u> ft. to <u>35</u> ft., From.....ft. to .....ft., From..... to .....ft.																												
What is the nearest source of possible contamination:																												
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<div style="float: right; text-align: right; margin-top: 20px;"> <p>Site ID #</p> <p><u>00190392</u></p> <p><u>MW # 17</u></p> <p><u>For BER-LUST Project</u></p> <p><u>45085887</u></p> </div>																												
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-30-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>KDHE</u> This Water Well Record was completed on (mo/day/year) <u>6-30-98</u> under the business name of <u>KDHE</u> by (signature) <u>Scott Long</u> <u>KDHE</u> <u>NEDC</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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																												