

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL: County: SALINE		Fraction <u>NE 1/4 NW 1/4 SW 1/4</u>	Section Number <u>13</u>	Township Number <u>T 14 S</u>	Range Number <u>R 5 E/W</u>																																																																														
Distance and direction from nearest town or city street address of well if located within city? <u>440 SANTA FE SALINA, KS 67401</u>			Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: <u>n 38° 44.493</u> Longitude: <u>W 97° 36.477</u> Elevation: _____ Datum: <u>WGS 84</u> Data Collection Method: <u>GPS</u>																																																																																
2 WATER WELL OWNER: RR#, St. Address, Box # <u>SALINA REGIONAL MEDICAL CENTER</u> City, State, ZIP Code <u>440 SANTA FE</u> <u>SALINA, KS 67401</u>																																																																																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">--NW--</td><td colspan="2">--NE--</td></tr> <tr><td>W</td><td> </td><td> </td><td>E</td></tr> <tr><td colspan="2">X</td><td colspan="2"></td></tr> <tr><td colspan="2">--SW--</td><td colspan="2">--SE--</td></tr> <tr><td colspan="2">S</td><td colspan="2"></td></tr> </table>		--NW--		--NE--		W			E	X				--SW--		--SE--		S				4 DEPTH OF COMPLETED WELL <u>50</u> ft. Depth(s) Groundwater Encountered (1) <u>999</u> ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) <u>10 Monitoring well</u> 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>																																																													
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5 TYPE OF CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____ <u>2 PVC</u> 4 ABS 7 Fiberglass <u>Threaded</u> <u>YES</u> Blank casing diameter <u>2</u> in. to <u>35</u> ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft. Casing height above land surface <u>4</u> in., Weight <u>SCH 40</u> lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) _____ 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____ SCREEN-PERFORATED INTERVALS: From <u>35</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>50</u> ft. to <u>32</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																																																																			
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other <u>1 TO 0 Cement</u> Grout Intervals: From <u>32</u> ft. to <u>1</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon <u>11 Fuel storage</u> 14 Abandoned water well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? _____ How many feet? <u>IMMEDIATE VICINITY</u>																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">LITHOLOGIC LOG</th> <th colspan="3">PLUGGING INTERVALS</th> </tr> <tr> <th>FROM</th> <th>TO</th> <th></th> <th>FROM</th> <th>TO</th> <th></th> </tr> </thead> <tbody> <tr> <td>0"</td> <td>1'</td> <td>Cement</td> <td>50'</td> <td>32'</td> <td>10/20 Gravel Pack</td> </tr> <tr> <td>1'</td> <td>5"</td> <td>CL: BRN, TR SAND, DAMP, MEDIUM PLASTIC, MEDIUM STIFF</td> <td>32'</td> <td>1'</td> <td>3/8 Bentonite Chips Hydrated</td> </tr> <tr> <td>5'</td> <td>25'</td> <td>CH: BRN, damp, medium plastic, medium stiff</td> <td>1'</td> <td>0</td> <td>Cement Well Completion</td> </tr> <tr> <td>25'</td> <td>40'</td> <td>CH: BRN, MOIST, HIGH PLASTIC, SOFT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>40'</td> <td>45'</td> <td>CH: BRN, MOIST, HIGH PLASTIC, MEDIUM STIFF</td> <td></td> <td></td> <td>MW -10R</td> </tr> <tr> <td>45'</td> <td>50'</td> <td>CL: BRN, SANDY, MOIST, TR PLASTIC, MEDIUM STIFF</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						LITHOLOGIC LOG			PLUGGING INTERVALS			FROM	TO		FROM	TO		0"	1'	Cement	50'	32'	10/20 Gravel Pack	1'	5"	CL: BRN, TR SAND, DAMP, MEDIUM PLASTIC, MEDIUM STIFF	32'	1'	3/8 Bentonite Chips Hydrated	5'	25'	CH: BRN, damp, medium plastic, medium stiff	1'	0	Cement Well Completion	25'	40'	CH: BRN, MOIST, HIGH PLASTIC, SOFT				40'	45'	CH: BRN, MOIST, HIGH PLASTIC, MEDIUM STIFF			MW -10R	45'	50'	CL: BRN, SANDY, MOIST, TR PLASTIC, MEDIUM STIFF																																	
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10/16/07</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>11/19/07</u> under the business name of <u>Pratt Well Service, Inc.</u> by (signature) <u>Steven Bell</u> INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdhe.state.ks.us/geology/waterwells																																																																																			

PROJECT NAME: **Salina Regional Medical Center**

PROJECT LOCATION: **Salina, KS**

PROJECT NUMBER: 17102554

GEOLOGIST: M. Pearce/M. Giuliani

DRILLER: Jon

DRILLING/PROBING CONTRACTOR: Pratt Well Service

DRILLING METHOD / BORE DIAMETER: HSA/8.25

SAMPLING METHOD: 5 foot continuous

TOTAL DEPTH (feet): 50

START DATE: 10/17/07

COMPLETION DATE: 10/17/07

Water Level Data

Date	Time	Depth
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NA	NA	NA
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Survey Data

N 38 deg 49.993' W 97 deg 36.477'

SAMPLE DEPTH AND TIME	PID (PPMV)	RECOVERY (FEET)	DEPTH (FEET)	WELL CONSTRUCTION
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GEOLOGIC DESCRIPTION
(NAME, color, particle size, characteristics)

NOTES:

**Note: Well finished with a
Flushmount vault
no odor**

Grass Cover

CH: brn., moist, medium plastic, stiff

CH: brn, moist, medium plastic, medium stiff

no odor

CH: brn, moist, high plastic, medium stiff

no odor

CH: brn, moist, medium plastic, medium stiff

no odor

LEGEND:

SS - Split Spoon

PID - Photoionization Detector

NR - No Recovery

- Concrete

- Flush Mount Vault

- Grout

- Bentonite Chip Seal

- Filter Pack

- Well Screen

ST - Shelby Tube

HSA - Hollow Stem Augers

PPMV - Parts Per Million by Volume

PROJECT NAME: Salina Regional Medical Center

GEOLOGIST: M. Pearce/M. Giuliani

PROJECT NUMBER: 17102554

DATE: 10/17/07

SAMPLE DEPTH AND TIME	NO (PPMV)	RECOVERY (FEET)	DEPTH (FEET)	WELL CONSTRUCTION	GEOLOGIC DESCRIPTION (NAME, color, particle size, characteristics)	NOTES:
815	0.6	NA	26	Hydrated Bentonite 2 in PVC Riser	CH: moist, medium plastic, medium stiff	no odor
			27			
			28			
			29			
			30			
825	1.0	NA	31	Sand Filter Pack 2 in PVC Screen		no odor
			32			
			33			
			34			
			35			
830	0.3	NA	36		CH: brn, silty, TR sand, moist, medium plastic, medium stiff	no odor
			37			
			38			
			39			
			40			
840	0.3	NA	41		CL: brn, sandy, moist, TR plastic, medium stiff	no odor
			42			
			43			
			44			
			45			
845	0.7	NA	46		SC: brn, yellow, moist, fine grain, clayey	no odor
			47			
			48			
			49			
			50			
850					Total Depth 50'	

LEGEND:

SS - Split Spoon
PID - Photoionization Detector
NR - No Recovery

- Concrete
- Flush Mount Vault
- Grout

- Bentonite Chip Seal
- Filter Pack
- Well Screen

ST - Shelby Tube
HSA - Hollow Stem Augers
PPMV - Parts Per Million by Volume

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'

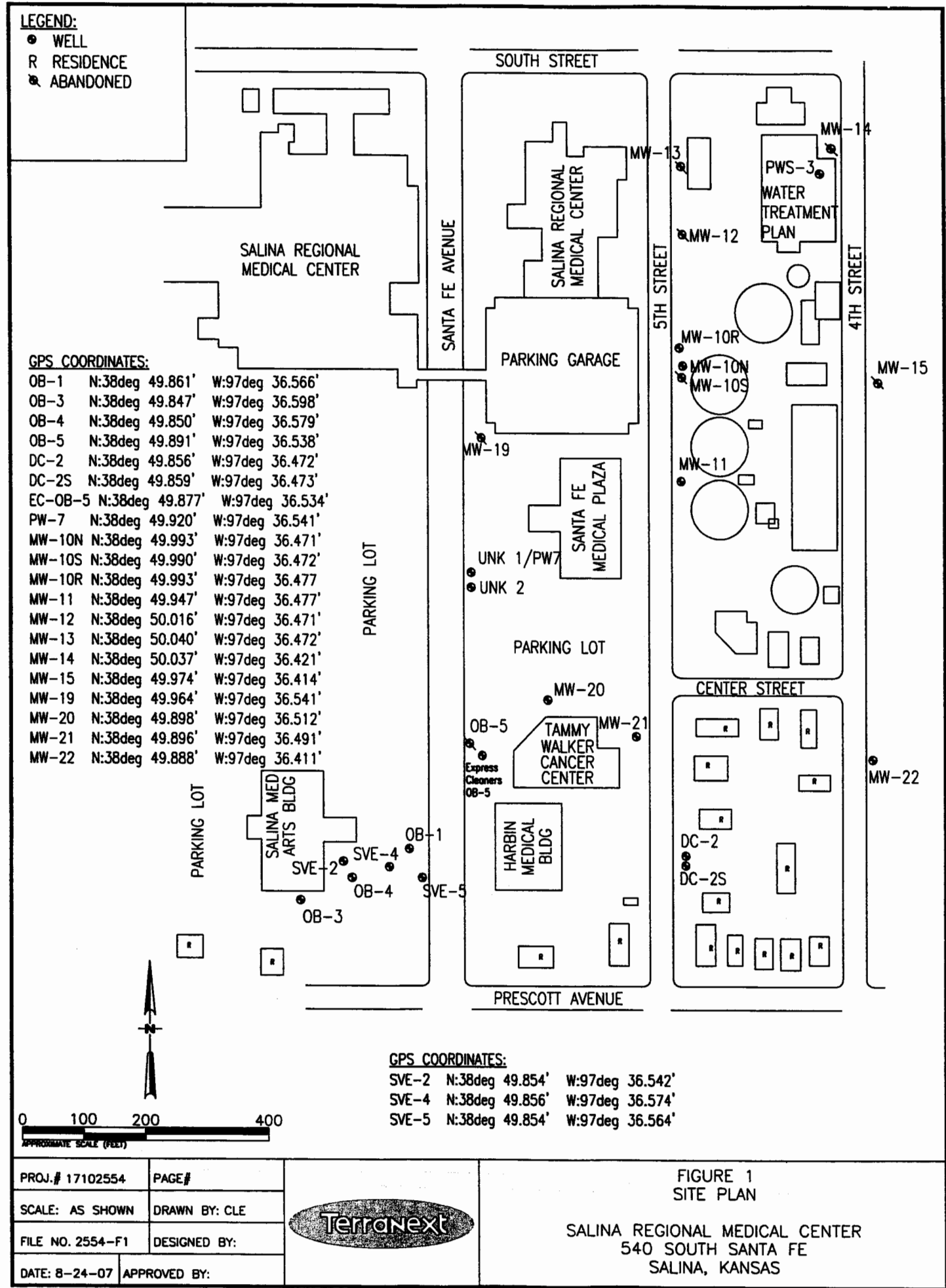
0 100 200 400
 APPROXIMATE SCALE (FEET)

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: triterrals@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 MW-21	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:

4	5	-	0	8	5	-	0	0	8	7	7
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[illegible]

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**