County: Harvey F	raction: SW SW NV	Sec	TS	R E	
CORRECTION(S) to WATER WELL C	OMPLETION RECORD	Form WWC-5 (to	rectify lacking or in	ncorrect information)	
Owner: Newton Medical Center					
If location corrected, was listed as:		Location changed to:			
Section-Township-Range:	on-Township-Range: 28-23-1E				
Fraction (¼ calls): NW I	NW NE	SW SW NW			
Other changes: Initial statements: Section Township and Range changed from Reno County to Harvey					
County					
Changed to:					
Comments:					
Verification method: Located using I	KGS Mapper with the	Address on WW	C5		
		Initials:	SH Date:	09-09-2020	
Submitted by: Kansas Geological Surve Kansas Dept. of Health &	ey, Data Resources Library, & Environment, Bureau of W				

(rev 01/26/2018)

WATER WELL REC	CORD	Form W	WC-5	Division of W	ater Resources App. N	o			
1 LOCATION OF WA	TER WELL:	Fraction			Township No.				
County: Keno	CTTT 11 T	NM 14 NW14 DE			Т 23 s				
Street/Rural Address o					ing System (GPS) in				
from nearest town or intersection: If at owner's address, check here			Latitude:						
			Elevation:						
2 WATER WELL OWNER: Newton Medical Center			Datum: WGS 84, NAD 83, NAD 27 Collection Method:						
RR#, Street Address, Box #: 1715 Medical Center			GPS unit (Make/Model:)						
City, State, ZIP Code : Newton KS			☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey						
3 LOCATE WELL	10600	1071 105		Est. Accuracy:	$]$ <3 m, \square 3-5 m, \square	5-15 m, <u></u> >15 m			
WITH AN "X" IN	4 DEPTH OF	COMPLETED WEI	$^{\mathrm{T}}$ &O		ft.				
SECTION BOX:									
N	WELL'S STAT	Depth(s) Groundwater Encountered (1)							
	Pump	test data: Well wat	er was	tt. atter	hours pum	ping gpm ping gpm			
NW NE	Bore Hole Diam	eter 13 in to	er wasf	II. atter Fand	in to	.р.шg gp.ш - ft			
W E	Bore Hole Diameter								
SW SE	□ Domestic	☐ Feedlot ☐	Oil field water	er supply \square	Dewatering 🔲 (Other (Specify below)			
	☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well								
					Yes 🙀 No				
S 1 mile		day/yr sample was su fected? 🗶 Yes 🔲							
F TYPE OF CACING II									
5 TYPE OF CASING U				 I					
CASING JOINTS: Solved Clamped Welded Threaded Casing diameter in. to									
Casing height above lar	nd surface l. 🕼	Weigh	ıt l.le :O	lbs./ft., Wall t	hickness or gauge N	o2.6			
Casing height above land surface									
☐ Steel ☐ Stai	inless Steel	PVC None used (open)	hole)	Other (Specify)					
SCREEN OR PERFORA	TION OPENING	S ARE:	noic)						
☐ Continuous slot ☑ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)									
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From. 1. to ft. to ft. to ft.									
From ft. to ft., From ft. to ft.									
GRAVEL PACE	K INTERVALS:	From 2.4	ft. to	Control of the front of the fro	ft.	to ft.			
		From	ft. to	ft., From	ft.	to ft.			
6 GROUT MATERIAL						Ω Δ			
Grout Intervals: From What is the nearest source			m	II. 10	t., From	ft. toft.			
Septic tank		es Pit privy	Livestock p	ens 🔲 Insectic	ide storage	ner (specify below)			
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well									
Direction from well	ines Seepage p	it Feedyard	Fertilizer st		<i>U</i> 3				
FROM TO	LITHOLOG		FROM			JGGING INTERVALS			
0 2 16	in Sai	1							
2 7 61	al								
2 80 BI	W Shal	0							
		****			<u>, , , , , , , , , , , , , , , , , , , </u>				
7 CONTRACTORS OF	LANDOWNER		NATA TELE						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 2.1 This Water Well Record was completed on (mo/day/year)									
under the business name of Chase Dhilling by (signature) D. Chase									
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIMILY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) 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. Sen	nd one copy to WAT								
http://www.kdheks.gov/waterwe									
KSA 82a-1212									