		RECORD				Division of Water				
		Correction		ge in Well Use	Res	sources App. No.		Well ID		
		VATER WEI	L:	Fraction					ge Number	
Count	y: Sumner			SE 1/4 SE 1/4 NE 1/4						
2 WELL OWNER: Last Name: Cheney First: Ryan Street or Rural Address where well is located (if unknown, distance and										
Business					direction from	nearest town or in	tersection): If at owne	r's address, o	:heck here: 🔳	
Address: 1333 N. Morris Rd.										
Address: City: Conway Springs State: KS ZIP: 67031										
City:		Springs	State: No	ZIP: 67031						
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 98 ft. 5 Latitude: 37.44960									(decimal degrees)	
				Encountered: 1)			Longitude: 097.71632 (decimal degrees)			
	ON BOX:			3) ft., or 4) [tal Datum: WGS 8			
				TER LEVEL:			or Latitude/Longitude		,5 — 11112 51	
		☐ below l	and surface	, measured on (mo-day	-yr)	GPS	(unit make/model:	Garman 6	2S)	
NW	NE			, measured on (mo-day			(WAAS enabled?			
			Pump test data: Well water was ft.			☐ Lan	d Survey Topogr		-,	
w	E	after	hours	s pumping	gpm		ine Mapper:			
CVV	SE - P			vater was						
5w	SE	after	after hours pumping gr			6 Elevation: 1371ft. Ground Level TOC				
	S	Estimated Y	Estimated Yield:gpm			o Elevation:			Level 10C	
	Bore Hole I	Bore Hole Diameter:9.7/8 in. to 100								
	mile			in. to	ft.		Other			
7 WELL WATER TO BE USED AS:										
1. Domestic		5. 🗀] Public Wa	iter Supply: well ID		10. 🔲 Oil I	Field Water Supply: 16	ease	*******	
				ig: how many wells?			11. Test Hole: well ID			
☐ Lawn & Garden 7. ☐ Aquifer R				echarge: well ID	harge: well ID					
Livest				g: well ID						
	2. Irrigation 9. Environmental Remediation: well					,	a) Closed Loop			
3. Feedlo			Air Sparge							
4. Industrial Recovery Injection 13. Other (specify):										
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:										
Water well disinfected? ■ Yes □ No										
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other										
Casing diameter 5 in to 18 ft. Diameter in to ft Diameter in to ft										
Casing diameter 5 in to 18 ft., Diameter in to ft., Diameter in to ft. Diameter in to ft. Casing height above land surface 24 in Weight 160 lbs./ft. Wall thickness or gauge No214										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)										
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
☐ Continuous Slot										
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From18 ft. to98 ft., From ft. to ft. ft. to										
GRAVEL PACK INTERVALS: From 98 ft. to 17 ft., From ft. to ft., From ft. to ft.										
9 CROUT MATERIAL. Disease Computer of Comp										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Sewer			Cess Pool	s ☐ Pit Privy ☐ Sewage La		Elvesiock Fells Fuel Storage		oned Water V	Wall	
the state of the s	ight Sewer L		Seepage Pit			Fertilizer Stora			Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) .Open.lot										
Direction from well?										
10 FROM	ТО		THOLOG		FROM		ITHO. LOG (cont.) or		INTERVALS	
0	3	Top soil		J. J	TROW	10 1	LITTO, LOG (CORL.) OI	LEGOGIA	2 HATTIK AVITO	
3		Tan clay, sai	ndv		+	 				
14		Fine-small sa			+	+				
					1					
16	25	Red shale-bi			1				 	
25	30	Red-green s		<u>e</u>						
30	65	Red shale-bi							- 4 1 25 1	
65	70 Green shale-brittle Notes:									
70 100 Red shale-brittle										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged										
under my i	urisdiction a	ind was compl	eted on (m	no-dav-vear) .3-30-2	020 and	this record is t	rue to the best of m	v knowledg	e and belief.	
Kansas Wa	ater Well Co	ntractor's Lice	ense No1	34 This Wa	ater Well Re	cord was comp	leted on (mo-day-y	ear) 4-7-20	020	
under the b	ousiness nam	ne of Rosena	rantz-Ber	mis Ent	S	ignature 91	Wax decockso.	n		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,										
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.										
Visit us at http://www.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										