| WATER WELL R   |   |                      |               | ision of Water                                   |                                      |              |                  |  |
|--|---|----------------------|---------------|--|--------------------------------------|--------------|------------------|--|
|  | Correction  |                      |               | urces App. No.                                   |                                      | Well ID      |                  |  |
| 1 LOCATION OF W  |   | Fraction 45W/WW/     |               | tion Number                                      | Township Number                      |              | ge Number        |  |
| County: JAC  | Street or Rural Address where well is located (if unknown, distance and                         |                      |               |  |                                      |              |                  |  |
| 2 WELL OWNER: L  | ast Name: KUGLIN  | First: KONALD        | Street or Rur |  |                                      |              |                  |  |
| Business: Address: 22769 L ROAD  direction from nearest town or intersection): If at owner's address, check here:   3 WEST OF HOUTON ON HWY 16.  |   |                      |               |  |                                      |              |                  |  |
| Address:   |   |                      |               |  |                                      |              |                  |  |
| City: HOLTON   | State: K.   | S ZIP: 66436         | NORT          | 4 3/10.1   | MILE ON                              | MK           | OAU,             |  |
| 3 LOCATE WELL  | 4 DEPTH OF CO   | MPLETED WELL:        | 125 A         | 5 Latitude                                       | ,                                    |              | decimal decrees) |  |
| WITH "X" IN  |   | Encountered: 1)      |               |  |                                      |              |                  |  |
| SECTION BOX:   | 2) ft.  | 3) ft., or 4) [      | Dry Well      | Horizonta  | Datum: WGS 84                        |              | 3 D NAD 27       |  |
| · ·  | WELL'S STATIC W   | ATER LEVEL:SS        |               | C C  | T -4'4 - 1 - /T '4 - 1 -             |              |                  |  |
|  | below land surface, measured on (mo-day-yr). 7./13  above land surface, measured on (mo-day-yr) |                      |               |  | unit make/model:                     |              | )                |  |
| Z-NWNE □ above land surface, measured on (mo-day-yr). Pump test data: Well water was   |   |                      |               | (**************************************          |                                      |              |                  |  |
| w E after hours pumping gpm  |   |                      | gpm           | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: |                                      |              |                  |  |
|  | Well water was  |                      |               |  | c iviapper                           | ************ |                  |  |
| SW SE  | ( Fl4'  |                      |               |  |                                      |              |                  |  |
| Estimated Yield:V.D.gpm  |   |                      |               | 6 Elevation:                                     |                                      |              |                  |  |
| S Bore Hole Diameter:  |   |                      |               | Other  |                                      |              |                  |  |
| mile  ft.   Other  |   |                      |               |  |                                      |              |                  |  |
| 1. Domestic:   |   | ater Supply: well ID |               | 10 🗆 Oil Fie                                     | ld Water Supply: lea                 |              |                  |  |
| ☐ Household  |   | ng: how many wells?  |               | 11. Test Hole                                    | : well ID                            |              |                  |  |
| ☐ Lawn & Garden  |   |                      |               |  | ☐ Cased ☐ Uncased ☐ Geotechnical     |              |                  |  |
| . —  | Monitoring: well ID   |                      |               |  | 12. Geothermal: how many bores?      |              |                  |  |
|  | . Irrigation 9. Environmental Remediation: well ID  |                      |               |  | a) Closed Loop  Horizontal  Vertical |              |                  |  |
| 3. ☐ Feedlot 4. ☐ Industrial   | ☐ Air Sparg   | :                    | extraction    |  | oop Surface Disc                     |              |                  |  |
|  |   |                      |               |  |                                      |              |                  |  |
| 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  |   |                      |               |  |                                      |              |                  |  |
| Casing height above land surface   |   |                      |               |  |                                      |              |                  |  |
| 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 ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)  |   |                      |               |  |                                      |              |                  |  |
| SCREEN-PERFORATED INTERVALS: From  |   |                      |               |  |                                      |              |                  |  |
| GRAVEL PACK INTERVALS: From  |   |                      |               |  |                                      |              |                  |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |   |                      |               |  |                                      |              |                  |  |
| Grout Intervals: From  |   |                      |               |  |                                      |              |                  |  |
| Nearest source of possible contamination:  |   |                      |               |  |                                      |              |                  |  |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage   |   |                      |               |  |                                      |              |                  |  |
| ☐ Sewer Lines ☐ Cess Pool ☑ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well  |   |                      |               |  |                                      |              |                  |  |
| □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard     □ Fertilizer Storage     □ Oil Well/Gas Well       □ Other (Specify)     □ Other (Specify)   |   |                      |               |  |                                      |              |                  |  |
| Direction from well? NORTH WEST Distance from well? ft.  |   |                      |               |  |                                      |              |                  |  |
| 10 FROM TO   | LITHOLO   |                      | FROM          |  | HO. LOG (cont.) or P                 | LUGGING      | INTERVALS        |  |
| 0 5  | TOPSOIL   |                      |               |  |                                      |              |                  |  |
|  | FLLOW & TA  | 2NCLAY               |               |  |                                      |              |                  |  |
| 32 116   | BLUE CLAY   |                      |               |  |                                      |              |                  |  |
|  | LIMIESTOWE  |                      |               |  |                                      |              |                  |  |
| 120 130  | LIMESTUNES  | 2 SNALE              |               |  |                                      |              |                  |  |
|  |   |                      |               |  |                                      |              |                  |  |
|  |   |                      | Notes:        |  |                                      |              |                  |  |
|  |   |                      |               |  |                                      |              |                  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. TU.  |   |                      |               |  |                                      |              |                  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 7/19/20/2 and this record is true to the best of my knowledge and belief                              |   |                      |               |  |                                      |              |                  |  |
| under my jurisdiction and was completed on (mo-day-year) .7/19/.701.7. and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No 5.1.5 This Water Well Record was completed on (mo-day-year) .7/19/.701.7 |   |                      |               |  |                                      |              |                  |  |
| under the business name of   |   |                      |               |  |                                      |              |                  |  |
| Mail I 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.kdheks.g  | ov/waterwell/index.html   | 1                    | KSA 82a-1217  | <u> </u>   |                                      | Revised 7    | /10/2015         |  |