

**WATER WELL RECORD Form WWC-5 1252218**

Division of Water Resources App. No. **20150206** Well ID

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Rawlins	Fracton SE 1/4 NW 1/4 NW 1/4 SE 1/4	Section Number 6	Township Number T 2 S	Range Number R 36 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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**2 WELL OWNER:** Last Name: Frisbie First: Richard  
 Business: \_\_\_\_\_  
 Address: HC 2, Box70  
 Address: \_\_\_\_\_  
 City: McDonald State: KS ZIP: 67745  
 Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   
 north of McDonald to Rd W--2 west-1 1/2 to tank battery

**3 LOCATE WELL WITH "X" IN SECTION BOX:**  
N

NW	NE
SW	SE

S

-----1 mile-----

**4 DEPTH OF COMPLETED WELL:** ..... 210..... ft.  
 Depth(s) Groundwater Encountered: 1) ..... 160..... ft.  
 2) ..... ft. 3) ..... ft., or 4)  Dry Well  
 WELL'S STATIC WATER LEVEL: ..... 160..... ft.  
 below land surface, measured on (mo-day-yr) 05/11/2015  
 above land surface, measured on (mo-day-yr).....  
 Pump test data: Well water was ..... ft.  
 after..... hours pumping ..... gpm  
 Well water was ..... ft.  
 after..... hours pumping ..... gpm  
 Estimated Yield: ... 40.....gpm  
 Bore Hole Diameter: ..... 8..... in. to ..... 220..... ft. and  
 ..... in. to ..... ft.

**5 Latitude:** ..... 39.9075.....(decimal degrees)  
**Longitude:** ..... 101.3998.....(decimal degrees)  
 Datum:  WGS 84  NAD 83  NAD 27  
 Source for Latitude/Longitude:  
 GPS (unit make/model: .....)  
 (WAAS enabled?  Yes  No)  
 Land Survey  Topographic Map  
 Online Mapper: .....

**6 Elevation:** 3337.....ft.  Ground Level  TOC  
 Source:  Land Survey  GPS  Topographic Map  
 Other KOLAR.....

**7 WELL WATER TO BE USED AS:**

1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID .....	10. <input checked="" type="checkbox"/> Oil Field Water Supply: lease ..... Frisbie 'A' 11. Test Hole: well ID ..... <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? ..... a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): .....
6. <input type="checkbox"/> Dewatering: how many wells? .....	7. <input type="checkbox"/> Aquifer Recharge: well ID .....	8. <input type="checkbox"/> Monitoring: well ID .....
9. Environmental Remediation: well ID .....	<input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	

**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 JOINTS:  Glued  Clamped  Welded  Threaded  
 Casing diameter ..... 4.5..... in. to ..... 170..... ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.  
 Casing height above land surface ..... 18..... in. Weight ..... 2.38..... lbs./ft. Wall thickness or gauge No. .... 237.....  
**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) .....  
 Louvered Shutter  Key Punched  Wire Wrapped  Saw Cut  None (Open Hole)  
**SCREEN-PERFORATED INTERVALS:** From ..... 170..... ft. to ..... 210..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**GRAVEL PACK INTERVALS:** From ..... 0..... ft. to ..... 20..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
 Grout Intervals: From ..... 0..... ft. to ..... 20..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
**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) .....  
 Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	surface			
2	20	loess			
20	62	clay			
62	111	clay w/traces of caliche & sand			
111	118	clay & caliche w/traces of sand			
118	142	clay & caliche w/fine sand strks			
142	158	fine sand w/clay & caliche lenses			<b>Notes:</b>
158	203	fine to some med and w/clay & caliche len			
203	220	yellow ochre			

**11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo-day-year) 05/11/2015..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 881..... This Water Well Record was completed on (mo-day-year) 05/26/2015..... under the business name of Woofter Pump and Well, Inc......

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Reply to: (785) 296-3565 FAX (785) 296-5509  
Bureau of Water - Geology Section  
1000 S. W. Jackson, Ste. 420  
Topeka, KS 66612-1367



## ASSIGNMENT OF WATER WELL TO LANDOWNER

I, Richard Frisbie of 9695 Road 4  
(Landowner's address)

McDonald KS am the landowner on which a water well is located in  
(City) (State)  
the NW quarter of the NW quarter of the SE quarter in Section 6, Township 2S,  
Range 36 E/W. in Rawlins County, Kansas which is approximately  
2005 feet north/south, and 2150 feet east/west of the apparent SE section  
corner. The water well was drilled in May 2015 (month/year).

I hereby request that Murfin Drilling Co. leave the water well,  
(Operator name)

which was drilled by Temporary Water Permit # 20 150206, unplugged,  
and I will assume all responsibility for the plugging of said water well in accordance with the  
requirements of the Kansas Department of Health and Environment regulation K.A.R. 28-30-7.

LANDOWNER:

Richard Frisbie 20 JUN 15  
(Signature) (Date)

Richard Frisbie  
(Print)

OPERATOR:

Christine Campbell 6/19/2015  
(Signature) (Date)

By: \_\_\_\_\_  
(Agent)

IF ADDITIONAL LANDOWNER

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print)