



**WATER WELL RECORD Form WWC-5 1222392**

Division of Water Resources App. No.

20140835

Well ID

Original Record  Correction  Change in Well Use

<b>1 LOCATION OF WATER WELL:</b> County: Rawlins	Fraction SW¼ SE¼ NE¼ SW¼	Section Number 36	Township Number T 4 S	Range Number R 31 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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<b>2 WELL OWNER:</b> Last Name: Erickson First: Ronald Business: Address: 35999 F50 Address: City: Rexford State: KS ZIP: 67753	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: <input type="checkbox"/> intersection of Rd 34 & H Rd--south one mile--2 miles east
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**3 LOCATE WELL WITH "X" IN SECTION BOX:**  
N

W	<table border="1"> <tr> <td>-- NW --</td> <td>-- NE --</td> </tr> <tr> <td>-- SW X --</td> <td>-- SE --</td> </tr> </table>	-- NW --	-- NE --	-- SW X --	-- SE --	E
-- NW --	-- NE --					
-- SW X --	-- SE --					
	S					

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

**4 DEPTH OF COMPLETED WELL:** ..... 45 ..... ft.  
Depth(s) Groundwater Encountered: 1) ..... 15 ..... ft.  
2) ..... ft. 3) ..... ft. or 4)  Dry Well  
WELL'S STATIC WATER LEVEL: ..... 15 ..... ft.  
 below land surface, measured on (mo-day-yr) 09/09/2014  
 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: ..... 50 ..... gpm  
Bore Hole Diameter: ..... 8 ..... in. to ..... 45 ..... ft. and  
..... in. to ..... ft.

**5 Latitude:** ..... 39.6590 ..... (decimal degrees)  
**Longitude:** ..... 100.7521 ..... (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:** 2761 ..... 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 .....	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	10. <input checked="" type="checkbox"/> Oil Field Water Supply: lease Erickson A #1-36 .....	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): .....
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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 ..... 40 ..... 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 ..... 40 ..... ft. to ..... 45 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
GRAVEL PACK INTERVALS: From ..... 15 ..... ft. to ..... 45 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.

**9 GROUT MATERIAL:**  Neat cement  Cement grout  Bentonite  Other .....  
Grout Intervals: From ..... 0 ..... ft. to ..... 15 ..... 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) .....

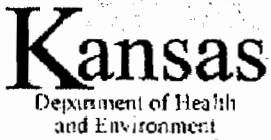
Direction from well? ..... Distance from well? ..... ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	surface			
2	12	loess			
12	20	fine & med sand w/clay lenses			
20	34	fine & med sand & gravel			
34	45	black shale			

Notes:

**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) 09/09/2014 ..... 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) 09/17/2014 ..... under the business name of Woofter Pump and Well, Inc. ....

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, Ronald Erickson of 35999 Road F50  
(Landowner's address)

Rexford Kansas 67753 am the landowner on which a water well is located in  
(City) (State)  
the SW quarter of the NE quarter of the SW quarter in Section 36, Township 4,  
Range 31 E/W, in Rawlins County, Kansas which is approximately  
1950 feet north/south, and 3330 feet east/west of the apparent SE section  
corner. The water well was drilled in September 2014 (month/year).

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

which was drilled by Temporary Water Permit # 20140835, 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:

Ronald Erickson 1-6-17  
(Signature) (Date)

Ronald Erickson  
(Print)

OPERATOR:

Christina Campbell 1/4/17  
(Signature) (Date)

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

IF ADDITIONAL LANDOWNER

Marelene Erickson 1-6-17  
(Signature) (Date)

Marelene ERICKSON  
(Print)

RECEIVED  
JAN 17 2017  
BUREAU OF WATER