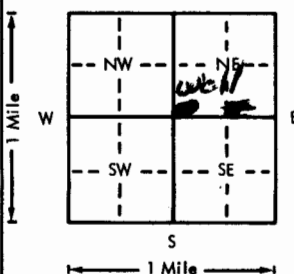


Ross #3

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well:	County Meade	Fraction C A E SW 1/4 SW 1/4 NE 1/4	Section number 2	Township number T 32 S	Range number R 27 E/W
2. Distance and direction from nearest town or city: 5 1/2 east & 1/2 north of Meade Street address of well location if in city:			3. Owner of well: Ross Bros. R.R. or street: Meade, Kansas City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile 			6. Bore hole dia. 28 in. Completion date _____ Well depth 200 ft. 7-30-76		
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input checked="" type="checkbox"/> Reverse rotary		
Surface			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Brown and green clay			9. Casing: Material Metal Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 31.66 lbs./ft. Dia. 16 in. to 200 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. .188		
Fine to 1/2 med. sand with 35% clay mixed			10. Screen: Manufacturer's name W.A. Brown Free-flow Type 17% Dia. 16 Slot/gauze 1/8 Length 110 Set between 90 ft. and 200 ft. Gravel pack? yes Size range of material 1/2 down		
Sandy coleche clay			11. Static water level: _____ mg./day/yr. 92 ft. below land surface Date 9-26-10-76		
A-1 sand and gravel			12. Pumping level below land surfaces: 195 ft. after 2 hrs. pumping 750 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 750 g.p.m.		
Med. sand and gravel			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
Sandy coleche clay			14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade		
Fine sand with 25% clay mixed			15. Well grouted? No With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
Sandy brown clay			16. Nearest source of possible contamination: ft. _____ Direction _____ Type NA Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Brown clay with 35 to 40% sandrock			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
Good med. sand and gravel			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Ace-Hi International 190 Business name Dodge City, Kansas License No. _____ Address _____ Signed Carl B. Tuttle Date 9-28 Authorized Representative		
Brown clay			18. Elevation: 2505 Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		
Red shale			19. Remarks: 10' 10' of grout and pump slab to be installed by customer-he knows this is a regulation Wayne Ross 2505 92 2413		
(Use a second sheet if needed)			20. Water well contractor's certification: (continued)		

32 27 2 3WSUNE 1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5