

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

Ross #1

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 <u>Meade</u> Cherokee	Fraction <u>D</u> SE 1/4 <u>0</u> SE 1/4 <u>A</u> NE 1/4	Section number <u>22</u>	Township number T <u>32</u> S R <u>28</u> E/W	Range number
2. Distance and direction from nearest town or city: <u>2 1/2 mi south of Meade</u> Street address of well location if in city:			3. Owner of well: <u>Ross Bros.</u> R.R. or street: City, state, zip code: <u>Meade, Kansas</u>		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>439</u> ft. <u>7-30-76</u>	
5. Type and color of material		From		To	
Surface		0		3	
Brown clay		3		35	
Fine sand		35		45	
Gray, blue & green clay		45		150	
Green & brown coleche clay		150		175	
Good sand and gravel		175		190	
Brown clay		190		205	
1/2 med. sand with 10% clay mixed		205		225	
Fine sand with 15% clay mixed		225		250	
Sand and gravel		250		278	
Fine sand		278		282	
Sand and gravel with 10 to 15% clay mixed		282		318	
Fine sand		318		321	
Sand and gravel with 10% clay mixed		321		367	
Sand and gravel with 30 to 35% clay mixed		367		404	
Sand and gravel with 40% clay mixed		404		411	
Sand and gravel		411		434	
Sand and gravel with 35% clay mixed		434		442	
Red shale		442		450	
(Use a second sheet if needed)					
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		10' of grout and pump slab to be installed by customer-he knows this is a regulation <u>Wayne Ross</u>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Ace-Hi International</u> 190 Business name License No. Address <u>Dodge City, Kansas</u> Signed <u>Carl G. Tuttle</u> Date <u>8-20</u> Authorized representative	

439

322
280
272
SESSALVE
1/4 1/4 N 1/4

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

Form WWC-5