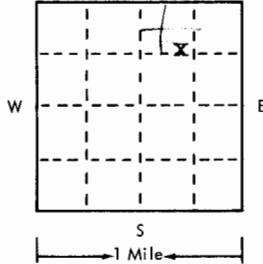


USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health  
(Water Well Contractors)  
Forbes-Bldg. 740  
Topeka, Kansas 66620

1 Location of well:	County <b>Clark</b>	Township name <b>Liberty</b>	Fraction <b>NW 1/4 of NE 1/4</b>	Section number <b>1</b>	Town number <b>T-30-S</b>	Range number <b>R-22-W</b>
Distance and direction from nearest town or city: <b>5 mi. south and 2 mi west of Bucklin</b>			3 Owner of well: <b>Norman Lee Giles</b>			
Street address of well location if in city:			Address: <b>Spearville, Kansas</b>			
Locate with "X" in section below: 			Sketch map:			4 Well depth: <b>270</b> ft. Date of completion <b>12-25-75</b> Well diameter <b>28 1/2</b> in.
2 Type and color of material			From	To	5 <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			0	3	6 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"/> Commercial <input type="checkbox"/> Test well	
Brown clay & caleche			3	124	7 Casing: Material <b>Metan</b> Height: <b>above</b> below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. Diam. <b>16</b> in. to <b>167</b> ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Half med. sand and fine gravel			124	139	8 Screen: <b>W.A. Brown Inc.</b> Manufacturer <b>Free-flow</b> Dia. <b>16"</b> Type <b>1/8</b> Length <b>203'</b> Set between <b>167</b> ft. and <b>270</b> ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>3/8</b> down	
Caleche clay			139	155	9 Static water level: <b>167</b> ft. below land surface Date <b>11-20-75</b>	
Med. sand and gravel			155	165	10 Pumping level below land surfaces: <b>238</b> ft. after <b>1 1/2</b> hrs. pumping <b>625</b> g.p.m. <b>238</b> ft. after <b>1 1/2</b> hrs. pumping <b>960</b> g.p.m. Estimated maximum yield <b>950</b> g.p.m.	
Caleche clay and rock			165	168	11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	
Good med. sand and gravel			168	175	12 Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade	
Fine sand with 50% clay and rock mixed			175	187	13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>0</b> ft. to <b>10</b> ft.	
Sandy clay			187	215	14 Nearest source of possible contamination: <b>NA</b> ft. Direction Type Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fine sand			215	225	15 Pump: <input type="checkbox"/> Not installed Manufacturer's name <b>Goulds</b> Model number <b>101HM</b> HP <b>100</b> Volts Length of drop pipe <b>250</b> ft. capacity <b>600</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Clay			225	228	17 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. <b>Ace-Hi Int. Inc.</b> <b>190</b> Business name License No. Address <b>Dodge City, Kansas</b> Signed <b>Goulds</b> Date <b>1-21-76</b> Authorized representative	
Fine to half med, sand			228	241		
Fine sand with 40% clay mixed			241	245		
Good med. sand and gravel			245	265		
Yellow clay			265	268		
(use a second sheet if needed)						
16 Remarks: elevation  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WW-C-5