

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

SHIELDS

WATER WELL RECORD  
KSA 82a-1201-1215

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

BBB

1. Location of well:		County <b>Lane</b>	Fraction <b>N/W 1/4 N/W 1/4 N/W 1/4</b>	Section number <b>16</b>	Township number <b>T 17 S R 28</b>	Range number <b>28</b>	#AW
2. Distance and direction from nearest town or city: <b>7 N, 2 E. of Dighton, Kansas</b> Street address of well location if in city:				3. Owner of well: <b>Mrs. Harley Towns</b> R.R. or street: <b>Shields, Kansas 67874</b> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <u>9</u> in. Completion date <u>12-11-1978</u> Well depth <u>150</u> ft.		
		<p>well X</p> <p>50'</p> <p>X septic</p>			7. <input type="checkbox"/> Cable tool <input checked="" 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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From			To		
clay		0			23		
gyp		23			35		
clay		35			40		
sand rock		40			45		
fine sand clay		45			76		
sand rock		76			79		
sandy clay		79			84		
fine sand clay		84			95		
sand coarse		95			104		
sand rock		104			108		
sand coarse		108			126		
fine sand clay		126			134		
sand coarse		134			150		
yellow		150			152		
BROCK 150'							
(Use a second sheet if needed)							
18. Elevation:		19. Remarks: <b>2765 (TOPS)</b> <b>well to be finished by others</b>					
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		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. <b>Weishaar Drilling &amp; Sup. 232</b> Business name License No. Address <b>Scott City, KS 67871</b> Signed <i>[Signature]</i> <b>12/21/78</b> Authorized representative					

T 17 R 28 S 16  
NW NW NW  
1/4 1/4 1/4  
Sec 28

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

Form WWC-5